FIRST READ THIS

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY. YOUR APPLICATION WILL NOT BE ACTED UPON UNTIL ALL QUESTIONS HAVE BEEN ANSWERED AND ALL DOCUMENTS RECEIVED.

1. Applicant Information Sheets No. 1 and No. 2

Read both Applicant Information Sheets. Sign and return one (1) copy of Sheet No. 1. You may retain Sheet No. 2 and the second copy of Sheet No. 1.

2. Personal History Statement

Type or print carefully. USE BLACK TYPEWRITER RIBBON OR BLACK INK. Complete and return only one copy. It must be signed and witnessed. The other copy may be used as a worksheet and retained for your own records.

3. Appendix 1 to the Personal History Statement

Read Appendix 1 carefully and return **signed and witnessed.** If you are married, Appendix 1 is also to be read by your spouse and **signed and witnessed** in the section provided.

4. Medical Record (Form 2223)

- a. This form is to be completed by you. You have the option, however, of:
 - Completing it now, enclosing in the envelope provided marked "Privileged Medical Information," sealing and submitting it with your other application papers; or
 - 2. Completing it at the time of subsequent medical examination.

Completing the form now may mean a saving in processing time and thus be to your personal advantage, particularly if there is any question concerning physical qualifications that must be resolved.

- b. If you desire to complete the form now, proceed as follows:
 - 1. Answer all items
 - 2. Each item checked in Section 6 requires explanation of the following points on the reverse side of the form:
 - a. Age when occurred
 - Exact diagnosis if known b. Exact diagnosisc. Type of treatment

 - Ame and address of physician who treated
 Remaining defects
 - 3. If you have ever been hospitalized for a psychiatric or emotional problem or if you have ever consulted a psychiatrist or psychologist for any reason other than vocational counseling, provide a complete and detailed report in your own words covering such hospitalization or consultation. Use the reverse side of the form. If additional space is needed, use a continuation sheet, sign it and attach to the form.
 - 4. If you are presently under the care of a physician for other than a minor ailment, attach a statement from this physician describing the condition.

5. Photographs

Please furnish three (3) passport-size photographs (head and shoulders view 2½" X 2½" minimum size). On the back of each photograph, indicate date taken and print your name.

6. College Transcript

If you have not been instructed otherwise, please include one (1) copy of your college transcript (including graduate work, if appropriate). If you are enrolled in courses which do not appear on the transcript, please list these courses and attach the list to the transcript. If a transcript will be forwarded later, please indicate the approximate date.

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D. C. 20505

Applicant Information Sheet No. 1

To all persons applying for employment with the Central Intelligence Agency:

This paper is the first step in applying for employment or consultant status with the Central Intelligence Agency. No application may proceed beyond this first step if the applicant is not in agreement with the conditions stated below:

General Considerations:

- 1. The National Security Act of 26 July 1947 (Public Law 253, 80th Congress) which created the Central Intelligence Agency places upon the Agency the responsibility:
 - a. "to advise the National Security Council in matters concerning such intelligence activities of the Government departments and agencies as relate to the national security;
 - b. "to make recommendations to the National Security Council for the coordination of such intelligence activities of the departments and agencies of the Government as relate to the national security;
 - c. "to correlate and evaluate intelligence relating to the national security, and provide for the appropriate dissemination of such intelligence within the Government . . . ;
 - d. "to perform, for the benefit of the existing intelligence agencies, such additional services of common concern as the National Security Council determines can be more efficiently accomplished centrally;
 - e. "to perform such other functions and duties related to intelligence affecting the national security as the National Security Council may from time to time direct."

The special character of this national responsibility requires the Agency to maintain special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "Clearance" of an applicant.

- 2. This comprehensive review may result in a determination that an applicant is not acceptable under the special employment criteria of the Agency. Frequently, such determination would not be the result of any single event or element in the applicant's personal background or qualifications but would reflect the composite results of the several evaluations involved. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.
- 3. It should be understood by each applicant that appointments are extremely competitive and that not everyone who is investigated is finally employed. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. An offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not appointed.

Statement of Understanding and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

	-	
(Signature	of	Applicant)

Approved Eer Release 2003/01/08: CLARDE 79-006324000190070010-2

WASHINGTON, D. C. 20505

Applicant Information Sheet No. 2

- 1. In accordance with its special national responsibilities, the Central Intelligence Agency is obliged to judge carefully the suitability of each person selected for employment in the Agency. To assist in this determination, an extensive investigation, which includes a polygraph interview, is conducted with regard to the loyalty, background, and character of applicants under consideration for employment with the Agency. This investigation includes, but is not limited to, inquiries concerning:
 - a. professional competence
 - b. any behavior, activities or associations which tend to show that the individual is of questionable character, discretion, integrity or trustworthiness
 - c. any deliberate misrepresentations, falsifications, or omission of material facts
 - d. any criminal, infamous, dishonest, immoral, or notoriously disgraceful conduct, habitual use of intoxicants to excess, drug addiction, or sexual perversion
 - e. physical fitness
 - f. an adjudication of insanity, serious mental illnesses, neurological disorders, or emotional instability
 - g. any facts which furnish reason to believe that the individual may be subjected to coercion, influence, or pressure which may cause him to act contrary to the best interests of the national security
 - h. commission of any act of sabotage, espionage, treason, or sedition, or attempts thereat or preparation therefor, or conspiring with, or aiding or abetting, another to commit or attempt to commit any act of sabotage, espionage, treason, or sedition
 - i. establishing or continuing a sympathetic association with a saboteur, spy, traitor, seditionist, anarchist, or revolutionist,

- Approved For Release 2002/01/08: CIA-RDP79-00632A000100070010-2 or with an espionage or other secret agent or representative of a foreign nation, or any representative of a foreign nation whose interests may be inimical to the interests of the United States, or with any person who advocates the use of force or violence to overthrow the government of the United States or the alteration of the form of government of the United States by unconstitutional means
- j. advocacy of use of force or violence to overthrow the government of the United States, or of the alteration of the form of government of the United States by unconstitutional means
- k. membership in, or affiliation or sympathetic association with, any foreign or domestic organization, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means
- 1. intentional, unauthorized disclosure to any person of security information, or of other information, disclosure of which is prohibited by law, or willful violation or disregard of security regulations
- m. performing or attempting to perform his duties, or otherwise acting, so as to serve the interests of another government in preference to the interests of the United States
- 2. In considering applicants for employment, Central Intelligence Agency standards oblige strict interpretation of the above and other factors involved in selecting employees. In the event an applicant is in doubt as to whether anything in his background may disqualify him, he is at liberty to consult a Security, Medical or Personnel Officer of the Agency and discuss the matter in strict confidence before proceeding with his application.

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2 PERSONAL HISTORY STATEMENT

INSTRUCTIONS

-DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS-

- 1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
- 2. Type or pant carefully USE BLACK TYPEWRITER RIBBON OR BLACK INK.
- 3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
- 4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
- 5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

dicate circumstances (including length of time) under which you have used the names noted in liem 6 above legal change of name, give particulars (Where and by what authority) leight 10. Weight 11. Color of eyes 12. Color of hair 13. Type of complexion 14. Build cars (Type and facation) 16. Other distinguishing physical features current address (No., Street, City, State & ZIP code—country if not U.S.) 18. Current phone number 19. Long distance area code ermonent address (No., Street, City, State & ZIP code—country if not U.S.) 21. Permanent phone number 22. Long distance area code 25. Legal residence (State, territory or country) N II POSITION DATA dicate the type of work or position for which you are applying dicate the lowest annual entrance talary you will accept 5. Indicate your willingness to accept assignment in the following locations—check dicate your willingness to travel 5. Indicate your willingness to travel		. Full Name (Last-first-	niddle)			2. Age	3. Sex	ale Female	4. Social sec	urity number
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e tr	1. Date of birth	2. Place of birth (Ci	ty, State, Country)				3. (resent citizer	ship (Counti	ry)
See Section	4. Citizenship Birth acquired by: Other	Marriage (Specify):			5. Date natu	ralized	6.	Naturalizatio	n certificate	number
r T	7. Court issuing naturalization co				8. Issued at	(City, State, C	Country)			-
IP	9. If alien, give alien registratio	n number			10. Date and	place of arriv	ral in U.S.			
CITIZENSHIP	11. Have you held previous nation Yes No	nality?			12. If yes, giv	e name of cou	untry			
ZITIZ	13. Give particulars concerning p	revious nationalities								
38										
										W. 1988 11 12 12 13
S. 1	14. Last U.S. visa (Number, type,	place of issue)							15. Date v	risa issued
SE	CTION IV			EDUCATIO	N	-	÷		<u>, </u>	
			ELE	MENTARY S	CHOOL					
48	1. Name of elementary school ,		Address (City,	State, Country)		Years	attended (Fro	m — to —)	Graduate Yes
8										☐ No
				HIGH SCHO	OL5					
	1. Name of high school		Address (City,	State, Country)		Years	attended (Fro	m — to —)	Graduate Yes
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Sa Region	2. Name of high school		Address (City,	State, Country)		Years	attended (Fro	m — to —)	Graduate Yes No
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EDUCATION	3. 4. If a graduate degree has bee		equired submission of	CIAL AND S		D SCHOOL	5	riefly describe	B its content.	No. of months
EDUCATION	3. 4. If a graduate degree has bee	TR		CIAL AND S	PECIALIZE	D SCHOOL	5			
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	NING IN SPECIALIZED SCHOOL	N (Continued)			
Name and address		Study or specialization	From		of month
1.					
2.					
3.					
Other education or training not indicated	above				
Only described of training					
CTION V	FOREIGN LAN	NGUAGE ABILITIES			
1. List below the foreign lang	avage or languages in	(Slight)	Level of Skill	(Nativ	(e)
which you possess any degre	ee of competence. Indi-	1 2	3	4	5
cate your proficiency in eac shown (reading comprehens	h of the tive skill factors ion, writing ability, etc.)	0	= No proficiency i specific skill fact		
by noting the number most in skill under the factor being	ndicative of your level of			HOW A	CQUIRED
If your proficiency relates to		SKILL FACTO	KS The second se	which	K) Box(es) apply]
major language, identify the parentheses after the language.	is dialect by noting it in			H = I + I	
If you have no proficiency in		Reacting Comprehension Writing Obility Ponunciation Commenciation Colliny	Ora/ comprehension	Noning of Prolonged Compared C	ير / نو الله
language, check (X) box o	it right and	Reading Comprehe, Writing Obliny Pronuncia		Naming of Prolonged Commy Company	Academic Trudi
leave other items blank.		\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	/ of \$ [
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2. If you have had experience as a trans	lator, interpreter or instructor—explain	and specify in which language(s) you h	ave had such experie	nce.	1
If you have had experience as a trans The second of the second	, , , , , , , , , , , , , , , , , , , ,				
3. Describe your ability to do specialized	language work involving vocabularies and	d terminology in the scientific, engineering	g, telecommunications,	military and other spec	ialized fi:
'					
4. If you have noted a proficiency in lan	guage, would you be willing to use this o	ability Yes No			
in any position for which you might be	selected?			4.0	
(For Office Use Only)					

1.									
	Name of Region	Ту	pe of Specialized	Dates of Travel	Dates & Place	Know	ledge acquir	red by — Che	
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	ON VII			AND STENOGRAPHI					
1.	Typing (WPM)	2. Shorthand (WPM)	3. Indicate shorthand	system used—check (X) appro	Stenotype Other — Specify:				
4.	Indicate other business	machines with which	you have had operating	g experience or training (comp	otometer, mimeograph, card p	ounch, etc.)			
`TI	ON VIII		CDE	CIAL QUALIFICATIO	NC				
_		ante la citatat de como		participated. Indicate your p					
2.	Indicate any special q	valifications resulting	from experience or train	ning which might fit you for a	particular position or type of	work.			
3.	Excluding business equal as operation of radio t	elpment or machines v ransmitters (indicate	which you may have list CW speed, sending & re	ed in item 4, section VII, list c sceiving), offset press, turret ic	ony special skills you possess the, EDP and other scientific	relating to oth & professiona	er equipmen I devices.	t and machin	ies su
	Are you now or have y	ou ever been a licens	ed or certified member	of any trade or profession suc	h as pilot, electrician, radio c	operator, teach	nor,	Yes No	
4.	lawyer, CPA, medical t	echnician, psychologi	ist, physician, etc.?						
	lawyer, CPA, medical t	echnician, psychologi 'Yes" to item 4 above	ist, physician, etc.?	or certification and the issuir	ng State, municipality, etc.		nse/Certificat		
	If you have answered '	echnician, psychologi 'Yes" to item 4 above	ist, physician, etc.?	or certification and the issuing	ng State, municipality, etc.		nse/Certificat		
5.	lawyer, CPA, medical si If you have answered ' (Provide license registr	echnician, psychologi 'Yes" to item 4 above, y number, if known) lished materials of wh	ist, physician, esc.? , indicate kind of licensi	do NOT submit copies unless re		7. Latest Li	cense/Certific	ate (year of	issue
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5.	lawyer, CPA, medical to the state of the sta	echnician, psychologi 'Yes" to item 4 above, y number, if known) ished materials of wh les, general interest s	ist, physician, etc.? , indicate kind of license ich you are the author (c	do NOT submit copies unless re vries, etc.)		7. Latest Li	cense/Certific	ate (year of	issue
5.	lawyer, CPA, medical to the state of the sta	echnician, psychologi Yes" to item 4 above, y number, if known) lished materials of wh les, general interest s	ist, physician, etc.? , indicate kind of license sich you are the author (e subjects, novels, short sta	do NOT submit copies unless re vries, etc.)		7. Latest Li	cense/Certific	ate (year of	issue

	ON IX			TARY SERVICE		A000100070010-2	
1	Are you registered for the Draft und	erthe Uni-		2. Selective Service		3. If deferred, give reas	00
,.	versal Military Training & Service amended?		Yes	Z. Selective Service	ciassincation	3. If deferred, give reas	on
4.	Local Selective Service Board Num	ber and Address					
				Y SERVICE REC			
	Complete the following items Marine, National Guard, Air and organization in item 1 b	National Guard, o					
	Military organization (Army, N		2. Branch or Co	rps	3. Dates of se	rvice (extended active duty)	
					From -	To-	
	4. Status (Regular, Reserve, etc	6 Book seemdo a	or rate (at separa-	6. Serial, service		7. Type of separation from	
	specify)	tion if past ser		O. Seriol, service (or nie number	active duty (insert number type which applies—see list below)	far
1	8. Brief description of military du	1 1 1 1 1 1 1					
\dashv	1. Military organization (Army, N	avy, etc.—specify)	2. Branch or Co	грз	3. Dates of se	rvice (extended active duty)	***************************************
					From —	To-	
	4. Status (Regular, Reserve, etc. –	5 Pank grade o	s anto (at congre	4 Saviel samue		r · · · · · · · · · · · · · · · · · · ·	
	specify)	5. Rank, grade o		6. Serial, service	e or nie number	7. Type of separation from active duty (insert number	for
						type which applies—see list below)	
(2)	8. Brief description of military du	11 165					
Ту	rpes of separation from	I	lischarge	4 — Retirement fo	r service	7—Undve hardshipi	
Ту		1 — Honorable d 2 — Release to in	active duty		r combat disability	- Other - specify in	
Ty	rpes of separation from tive duty—record	1 — Honorable d 2 — Release to in 3 — Retirement fo	nactive duty or age	5 — Retirement for 6 — Retirement for	r combat disability r physical disability	— Other—specify in item 7 in lieu of number	
Ty	rpes of separation from tive duty — record oplicable number in em(s) 7 above	1 — Honorable d 2 — Release to in 3 — Retirement fo	nactive duty or age RY RESERVE, NA	5 — Retirement for 6 — Retirement for ATIONAL GUARI	r combat disability r physical disability D & R.O.T.C. S	— Other — specify in item 7 in lieu of number	
Ty	rpes of separation from the control of the control	1 — Honorable d 2 — Release to in 3 — Retirement fo	nactive duty or age RY RESERVE, NA	5 — Retirement for 6 — Retirement for ATIONAL GUARI	r combat disability r physical disability D & R.O.T.C. S	— Other — specify in item 7 in lieu of number	
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Ty ac ap ite	rpes of separation from tive duty — record opticable number in om(s) 7 above Complete the following items member of the ROTC.	1 — Honorable d 2 — Release to in 3 — Retirement fo MILITAI if (1) you now have	nactive duty or age RY RESERVE, NA e reserve status, (5 — Retirement for 6 — Retirement for ATIONAL GUARI (2) you are a memil	r combat disability r physical disability D & R.O.T.C. S ber of the Nation	— Other — specify in item 7 in lieu of number TATUS al Guard or Air National Gue	ard, or (3) you are a
Ty ac ap its	repes of separation from the control of the control	1 — Honorable d 2 — Release to in 3 — Retirement for MILITAL if (1) you now have	RY RESERVE, NA e reserve status, (Marine Corps Air Force	5 — Retirement for 6 — Retirement for ATIONAL GUARI (2) you are a memil	r combat disability r physical disability D & R.O.T.C. S per of the Nation onal Guard Nat'l Guard	Other—specify in item 7 in lieu of number TATUS Coast Guard	Navy ROTC Air Force ROTC
Tygac appired its	rpes of separation from the control of the control	1 — Honorable d 2 — Release to in 3 — Retirement for MILITAL If (1) you now have	Marine Corps Air Force 2. Date of appol	5 — Retirement for 6 — Retirement for ATIONAL GUARI (2) you are a member of the ATIONAL Air h	r combat disability r physical disability D & R.O.T.C. S per of the Nation onal Guard Nat'l Guard	- Other - specify in item 7 in lieu of number TATUS al Guard or Air National Guard Coast Guard Army ROTC 3. Expiration date of curresserve obligation	ard, or (3) you are a Navy ROTC Air Force ROTC
Ty ac appired of the RC years.	rpes of separation from the cities duty—record opticable number in sm(s) 7 above Complete the following items member of the ROTC. heck (X) Reserve, Guard or OTC organization to which but belong Current rank, grade or rate	I — Honorable d 2 — Release to in 3 — Retirement fo MILITAI If (1) you now have Army Navy	Marine Corps Air Force 2. Date of appol	5 — Retirement for 6 — Retirement for ATIONAL GUARI (2) you are a member of the second	r combat disability r physical disability D & R.O.T.C. S ber of the Nation onal Guard Nat'l Guard nk Standby (inact	Other—specify in item 7 in lieu of number TATUS all Guard or Air National Guard Army ROTC 3. Expiration date of curreserve obligation	ard, or (3) you are a Navy ROTC Air Force ROTC
Ty ac appired of the RC years.	rpes of separation from the blive duty—record opticable number in sm(s) 7 above Complete the following items member of the ROTC. heck (X) Reserve, Guard or DTC organization to which but belong Current rank, grade or rate Check (X) current reserve category	I — Honorable d 2 — Release to in 3 — Retirement fo MILITAI If (1) you now have Army Navy	Marine Corps Air Force 2. Date of appol	5 — Retirement for 6 — Retirement for ATIONAL GUARI (2) you are a member of the second	r combat disability r physical disability D & R.O.T.C. S ber of the Nation onal Guard Nat'l Guard nk Standby (inact	Other—specify in item 7 in lieu of number TATUS all Guard or Air National Guard Army ROTC 3. Expiration date of curreserve obligation	ard, or (3) you are a Navy ROTC Air Force ROTC
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Ty ac appired of the RC years.	rpes of separation from the blive duty—record opticable number in sm(s) 7 above Complete the following items member of the ROTC. heck (X) Reserve, Guard or DTC organization to which but belong Current rank, grade or rate Check (X) current reserve category	I — Honorable d 2 — Release to in 3 — Retirement fo MILITAI If (1) you now have Army Navy	Marine Corps Air Force 2. Date of appol	5 — Retirement for 6 — Retirement for ATIONAL GUARI (2) you are a member of the second	r combat disability r physical disability D & R.O.T.C. S ber of the Nation onal Guard Nat'l Guard nk Standby (inact	Other—specify in item 7 in lieu of number TATUS all Guard or Air National Guard Army ROTC 3. Expiration date of curreserve obligation	Navy ROTC Air Force ROTC
Ty ac applied to the control of the	rpes of separation from the blive duty—record opticable number in sm(s) 7 above Complete the following items member of the ROTC. heck (X) Reserve, Guard or DTC organization to which but belong Current rank, grade or rate Check (X) current reserve category	1 — Honorable d 2 — Release to in 3 — Retirement for MILITAI If (1) you now have Army Navy Ready Ready Red duties (record the	Marine Corps Air Force 2. Date of appol Reserve Stills whiles and skills while	5 — Retirement for 6 — Retirement for ATIONAL GUARI (2) you are a member of the second	r combat disability r physical disability D & R.O.T.C. S ber of the Nation onal Guard Nat'l Guard nk Standby (inact or work or function	Other—specify in item 7 in lieu of number TATUS all Guard or Air National Guard Army ROTC 3. Expiration date of curreserve obligation	Navy ROTC Air Farce ROTC
Cite Cite State St	rpes of separation from the control of the control	1 — Honorable d 2 — Release to in 3 — Retirement for MILITAL If (1) you now have Army Navy Ready Reddy de duties (record the decrease)	Marine Corps Air Force 2. Date of appol Reserve Stills while	5 — Retirement for 6 — Retirement for 6 — Retirement for ATIONAL GUARI (2) you are a member of a membe	r combat disability r physical disability r physical disability D & R.O.T.C. S ber of the Nation onal Guard Nat'l Guard nk Standby (inact or work or function ou have a military to	- Other - specify in item 7 in lieu of number TATUS al Guard or Air National Guard Army ROTC 3. Expiration date of curreserve obligation ive) Retired In the military service)	Navy ROTC Air Farce ROTC

CTIC	ON	X Approved For Release 2000000000000000000000000000000000000	ENTCHASRORY79-00632A000100070	010-2
	N	OTE: LIST LAST POSITION FIRST. Indicate chronological history of em for all periods including casual employment and all periods of u ment. List all civilian employment by a foreign government, re experience carefully and provide meaningful, objective stateme	ployment for past 15-years, starting with current of the second state what you a gardless of dates. In completing Item 10, "descr	or most recent position. Account did during periods of unemploy-
	1.	Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency	
	3.	Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment	nt if other than address noted in item 3
	5.	Kind of business	6. Name of supervisor	Male Female
(1)	7.	Title of job	8. Salary or earnings \$ per	9. Class; grade if Federal Service
	10.	Description of duties		
	11.	Reasons for leaving		
	1.	Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency	
	3.	Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employme	nt if other than address noted in item 3
	5.	Kind of business	6. Name of supervisor	Male Female
(2)	7.	Title of job	8. Salary or earnings \$ per	9. Class; grade if Federal Service
		Description of duties Reasons for leaving		
	1.	Inclusive dates (From - to - by month & year)	2. Name of employing firm or agency	
	3.	Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employme	nt if other than address noted in item 3
	5.	Kind of business	6. Name of supervisor	Male
(3)	7.	Title of job	8. Salary or earnings	9. Class, grade if Federal Service
	10.	Description of duties	\$ per	
	11.	Reasons for leaving		
	1.	Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency	
	3.	Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employme	nt if other than address noted in item 3
(4)	i .			
(4)	5.	Kind of business	6. Name of supervisor	Male Female

SE			邓/09: 50州以 DP79-006	32A000100	070010-2
	Present status (Single, married, widowed, se State date, place, and reason for all separates.)	· · · · · · · · · · · · · · · · · · ·	remarried) specify		
	2. State dure, place, and reason for all separa	anon, divorces or dimonnents			
			ding annulments) use separate contemplated, fill in appropriate		wife or husband giving data required flance(e).
	3. Name of spouse (La	st)	(First)	(Middle)	(Maiden)
	4. State any other names ever used by spouse				
	Indicate circumstances (including leng and by what authority). Use extra sp				egal change, give particulars (where
	5. Date of birth 6. Place o	f birth (City, State, Country)			7. Date of marriage
្ទុន៣	8. Place of marriage (City, State, Country)	9. Living			
STATUS	10. Citizenship	11. Former citizenship(s) [con	untry(ies)]		12. If alien, give alien registration number
TAL	13. Date U.S. citizenship acquired 14. Where	acquired	15. Date and place of a	rrival in U.S.	16. Naturalization certificate number
MARITAL	17. Date of death 18. Cause of	of death			, , , , , , , , , , , , , , , , , , , ,
J. C	19. Current address (Give last address, if decea	sed)	20. Address of spouse be	ofore marriage	
	21. Occupation	22. Present employer (Also g	ive former employer, or if spouse dec	eased or unemploy	ed, give last two employers)
	23. Employer's or business address (Number, Str	eet, City, State, Country)			
	24. Dates of military service (From — to — by month & year)	25. Srench of militar	ry service	26. Country	with which military service affiliated
	27. Details of other government service, U.S. er	foreign			
SE	CTION XII		ND OTHER DEPENDENTS		
	Provide the following information for all chi		D . A DI		_
	Name	Relationship	Date & Place of Birth	Citizenship	Address
STP					
DEPENDENTS					
DEPE					
1					
	2. No. of children (include stepchildren & ado	-1-1-1111			
	unmarried, under 21 years of age, and ar	pled children) who are NOT self-supporting. Or Release 2002/0	who depend on you	for at least 50% of th	parents, stepparents, etc.) heir support or children over 1070010-2

Approved For Release 2002/01/08: CIA-RDP79-00632A000100070010-2 SECTION XIII FATHER (Give same information for stepfather and/or guardian on a separate sheet) 1. Full name (Last-First-Middle) 2. State other names he has used Indicate circumstances (including length of time) under which any names in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information. 3. Date of birth 4. Place of birth (City, State, Country) 5. Livina Yes No 6. Date of death 7. Cause of death 8. Citizenship (Country) 9. Former citizenship(s) [country(ies)] 10. Date U.S. citizenship acquired 11. Where acquired (City, State, Country) 12. Naturalization certificate number 13. If alien, give alien registration number 14. Date and place of arrival in U.S. 15. Current address (Give last address, if deceased) 16. Occupation 17. Present employer (Give last employer if father deceased or unemployed) 18. Employer's business address or father's business address if self-employed 19. Dates of military service (From - to -) 20. Branch of military service 21. Country with which affiliated 22. Details of other government service, U.S. or foreign SECTION XIV MOTHER (Give same information for stepmother on a separate sheet) 1. Full name (Last - First - Middle - Maiden) 2. State other names she has used Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information. 3. Date of birth 4. Place of birth 5. Living Yes No 6. Date of death 7. Cause of death 8. Citizenship (Country) 9. Former citizenship(s) [country(ies)] 10. Date U.S. citizenship acquired 11. Where acquired (City, State, Country) MOTHER 12. Naturalization certificate number 13. If alien, give alien registration number 14. Date and place of arrival in U.S. 15. Current address (Give last address, if deceased) 16. Occupation 17. Present employer (Give last employer if mother deceased or unemployed) 18. Employer's business address or mother's business address if self-employed 19. Dates of military service (From - to -) 20. Branch of military service 21. Country with which affiliated 22. Details of other government service, U.S. or foreign Approved For Release 2002/01/08: CIA-RDP79-00632A000100070010-2

-	ON XV	ADDITUTE	HPR8 rANGE 845 EE BE	70170			/10-/
	1. Full name (Last	-First-Middle-I	Maiden)		2. Relationship	3. Ciri	izenship (Country)
-	4 Date of Link		5. Place of birth (City, 5	State, Country		6. Livi	ina
(1)	4. Date of birth		J. FIGURE OF DITHE (CHY)	J. 318, 200mily)		_	Yes No
1	7. Present employe	er (Give last empl	oyer if deceased or unemploy	red)	8. Current address (Give last a		
	7. Fresent employ	ii (Give idai empi	you in deceased or orioniproy				
	1. Full name (Last	— First — Middle — i	Maiden)		2. Relationship	3. Cit	izenship (Country)
(2)	4. Date of birth		5. Place of birth (City, 5	State, Country)		6. Livi	_
			<u> </u>				Yes No
	7. Present employ	er (Give last emplo	oyer if deceased or unemploy	red)	8. Current address (Give last o	idaress, ir deceased)	
\dashv	1. Full name (Last	-First - Middle	Maiden)		2. Relationship	3. Cit	izenship (Country)
	1. 1011 114110 (441)			-			, ,
(2)	4. Date of birth		5. Place of birth (City,	State, Country)		6. Liv	ing
(3)							Yes No
	7. Present employ	er (Give last empl	oyer if deceased or unemploy	yed)	8. Current address (Give last o	address, if deceased)	
						1 2 21	
	1. Full name (Last	— First — Middle —	Maiden)		2. Relationship	J. Cn	tizenship (Country)
	4. Date of birth		5. Place of birth (City,	State, Country)		6. Liv	ing
(4)	4. 54.0			,			Yes No
	7. Present emptoy	er (Give last empl	oyer if deceased or unemploy	yed)	8. Current address (Give last	address, if deceased)	
	1. Full name (Last	—First—Middle —	Maiden)		2. Relationship	3. Cit	rizenship (Country)
							
(5)	4. Date of birth		5. Place of birth (City,	State, Country)		6, Liv	_
	7 Present combon	(Give last empl	oyer if deceased or unemploy	ved)	8. Current address (Give last		Yes No
	7. Present employ	ar (Give lost empl	syer it deceased or oliempio	,•0,	o, correin addition (orreina)	, , , , , , , , , , , , , , , , , , , ,	
	1. Full name (Las	– First – Middle –	Maiden)		2. Relationship	3. Ci	tizenship (Country)
(6)	4. Date of birth		5. Place of birth (City,	State, Country)		6. Liv	
		(D) . ()			8. Current address (Give last		Yes No
	/. Present employ	er (Give last empl	loyer if deceased or unemplo	740)	B. Contain address (one lass	dddiess, ii ddiddsad,	
					1		
T16	ON XVI	FATH	ER-IN-LAW (If marrie	ge contemple	ated, fill in information for f	uture father-in-law)	
_	ON XVI Full name (Last — Fi		ER-IN-LAW (If marric	age contemple	ated, fill in information for fo	uture father-in-law)	
_			IER-IN-LAW (If marric	age contemple	ated, fill in information for fo	uture father-in-law)	
1.		rstMiddle)	IER-IN-LAW (If marric	age contemplo	ated, fill in information for fo	uture father-in-law)	
1.	Full name (Last—Fi	irstMiddle) he has used					
1.	Full name (Last — Fi State other names Indicate circums	irst—Middle) he has used tunces (includin	g longth of time) under w	which any non	ated, fill in information for fi to the first state of the first state	re used. If legal chan	go, give particulars (where
1.	Full name (Last — Fi State other names Indicate circums	nst—Middle) he has used tances (includin ty). Use extre	g longth of time) under w	which any non	nes noted in item 2 above we	re used. If legal chan	ge, give particulars (where
1.	Full name (Last—Fi State other names Indicate circums by what authori	nst—Middle) he has used tances (includin ty). Use extre	g longth of time) under w space provided on pages	which any non	nes noted in item 2 above we	re used. If legal chan	
1.	Full name (Last—Fi State other names Indicate circums by what authori	he has used tences (includin ty). Use extre	g longth of time) under w space provided on pages	which any non	nes noted in item 2 above we	re used. If legal chan	5. Living
1. 2. 3.	State other names Indicate circums by what authori Date of birth Date of death	tances (includinty). Use extre	g length of time) under w space provided en pages Place of birth Cause of death	vhich any nam 15 and 16 of	nes noted in item 2 above we this form to record this info	re used. If legal chan ormation.	5. Living Yes No 8. Citizenship (Country)
1. 2. 3.	State other names Indicate circums by what authori . Date of birth	tances (includinty). Use extre	g length of time) under w space provided en pages Place of birth Cause of death	vhich any nam 15 and 16 of	nes noted in item 2 above we	re used. If legal chan	5. Living Yes No 8. Citizenship (Country)
1. 2. 3. 6.	Full name (Last—Fi State other names Indicate circums by what authori Date of birth Date of death Former citizenship(tances (includin ty). Use extre 4.	g length of time) under w space provided on pages Place of birth Cause of death	vhich any nan 15 and 16 of 10. Date U.S. o	nes noted in item 2 above we this form to record this info citizenship acquired	re used. If legal changemation.	5. Living Yes No 8. Citizenship (Country) City, State, Country)
1. 2. 3. 6.	State other names Indicate circums by what authori Date of birth Date of death	tances (includin ty). Use extre 4.	g length of time) under w space provided on pages Place of birth Cause of death	vhich any nan 15 and 16 of 10. Date U.S. o	nes noted in item 2 above we this form to record this info	re used. If legal chan ormation.	5. Living Yes No 8. Citizenship (Country) City, State, Country)
1. 2. 3. 6.	Full name (Last—Fi State other names Indicate circums by what authori Date of birth Date of death Former citizenship(tances (includin ty). Use extre 4.	g length of time) under w space provided on pages Place of birth Cause of death	vhich any nam 15 and 16 of 10. Date U.S. o	nes noted in item 2 above we this form to record this info citizenship acquired	re used. If legal chan- primation. 11. Where acquired (6	5. Living Yes No 8. Citizenship (Country) City, State, Country) carrival in U.S.
1. 2. 3. 6.	Full name (Last—Fi State other names Indicate circums by what authori Date of birth Date of death Former citizenship(Naturalization cer	tances (includin ty). Use extre 4.	g length of time) under w space provided on pages Place of birth Cause of death	vhich any nam 15 and 16 of 10. Date U.S. o	nes noted in item 2 above we this form to record this info	re used. If legal chan- primation. 11. Where acquired (6	5. Living Yes No 8. Citizenship (Country) City, State, Country) carrival in U.S.
1. 2. 3. 6. 9.	Full name (Last—Fi State other names Indicate circums by what authori Date of birth Date of death Former citizenship(Naturalization cer	tances (includin ty). Use extre 4. 7. (country(les))	g longth of time) under w space provided on pages Place of birth Cause of death	vhich any nam 15 and 16 of 10. Date U.S. o	nes noted in item 2 above we this form to record this info	re used. If legal chan- primation. 11. Where acquired (6	5. Living Yes No 8. Citizenship (Country) City, State, Country) carrival in U.S.

١.	Full name (Last - First - Middle	- Maiden)					
2.	State other names she has use	d					
H	Indicate circumstances (inc by what authority). Use e	cluding length of time) under which	h any names noted in item 2 a and 16 of this form to record	bove were used. If I	egal chang	ge, give particulars (where c
3.	Date of birth	4. Place of birth					5. Living
6.	Date of death	7. Cause of death		AP 2 (BM 2)			8. Citizenship (Country)
9.	Former citizenship(s) [country(ies)]	10.	Date U.S. citizenship acquired	11. Where	acquired (City, State, Country)
12.	Naturalization certificate num	ber	13.	If alien, give alien registration n	umber 14. Date o	and place o	f arrival in U.S.
15.	Occupation		16.	Present employer (Give last empl	oyer if mother-in-law d	eceased or	unemployed)
17.	Current address (Give last add	dress, if deceased)					
		ELATIVES BY BLOO	D MARRIAG	OF ARABOTTON WILL S			
CTK	ON XVIII	(2) ARE NOT U.S	. CITIZENS	GE OR ADOPTION WHO E OR (3) WORK FOR A FOI	REIGN GOVERNM	ROAD, ENT	
	1. Name (Last – First – Middle	o)		2. Relationship	3. Date of bird	h 4. Plo	ice of birth (City, State, Countr
(1)	5. Citizenship (Country)		6. Address	or country in which relative reside	•		
	7. Employed by			8. Frequency of cont	act	9. Da	te of last contact
	1. Name (Last—First—Middle	9)		2. Relationship	3. Date of birt	h 4. Plo	ace of birth (City, State, Countr
(2)	5. Citizenship (Country)		6. Address	or country in which relative reside	8		
	7. Employed by		1	8. Frequency of cont	act	9. Da	te of last contact
	1. Name (Last—First—Middle	e)		2. Relationship	3. Date of birt	h 4. Plo	sce of birth (City, State, Counts
(3)	5. Citizenship (Country)	V	6. Address	or country in which relative reside	\$	1	
	7. Employed by			8. Frequency of cont	act	9. Da	te of last contact
CTIC	ON XIX RELA	TIVES BY BLOOD, I		OR ADOPTION WHO ARE E OF THE UNITED STATES	IN THE MILITARY	OR CIVI	L
	1. Name (Last – First – Middle)		2. Relationship	3. Date of birt	h 4. Plo	ace of birth (City, State, Countr
(1)	5. Citizenship (Country)	6. Addre	es (Number, St	reet, City, State, Country)	7. Type and la	cation of se	prvice (if known)
	1. Name (Last — First — Middle			2 84 9 44		. 1	
(0)				2. Relationship	3. Date of birt	h 4. Plo	ace of birth (City, State, Countr
(2)	5. Citizenship (Country)	6. Addre	uss (Number, St	reet, City, State, Country)	7. Type and la	cation of se	rvice (If known)
	1. Name (Last—First—Middle)		2. Relationship	3. Date of birt	h 4. Pla	ce of birth (City, State, Countr
(3)	5. Citizenship (Country)	6. Addre	ss (Number, St	reet, City, State, Country)	7. Type and la	cation of se	rvice (If known)

SEC	TION XX	Approved	TU-AI	Refl	SAGES 2010 201281 DEEN CIE PROUR DIFFE 9 A	ET632/4E0E\$ 00070	010-2	
F	include addresses location by city, st		military	serv	ice. If residences in military service cannot be shown	as street addresses, indicate o	omplete military unit des	ignation and
4		Address	— last r	eside	ence first (number, street, city, state, country)		Inclusive dates (mo	
A STATE OF							From— To	,
1					,			
1								
S								
RESIDENCES			· · · · •					
SIDE								
RE								
j.								
9								
£			,					
SEC	CTION XXI				REFERENCES			
	, 11011 XXI			1. Li	st five character references (not relatives) in the U.S.	. who know you well		
C william	Name (Last-	– First – Middle)	S	ъх	Business Address	Residence .	Address	Length of Time Known (in yrs)
				M F				
Special Control				M				
				M F				
,1				M				
CES				M				
REFERENCES				ocial	ly (not relatives, supervisors or employers). If you h who knew you overseas.	nave resided overseas at any t	ime during the past 15 ye	ars, two of the
REF	Name (Last-	– First – Middle)	s	ех	Business Address	Residence	Address	Length of Time Known (in yrs)
1				M				
				M				
1		-		M				
5				M	4.300			
				м				
		Approved I	or F	r (el	ease 2002/01 <u>/08</u> j <u>ÇIA-</u> RDP79-0	00632A000100070	010-2	<u> </u>

Approved For Release 2002/01/08: CIA-RDP79-00632A000100070010-2 SECTION XXII CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind to which you belong or have belonged (include membership in, or support of, any organization having headquarters or branch in a foreign country). Name and chapter Address (Number, Street, City, State, Country) Date of membership (From) (To) ORGANIZATIONS SECTION XXIII FINANCIAL STATUS 1. Are you entirely dependent on your salary? No 2. If your answer is "NO" to the above, state sources of other income 3. Credit references (banking institutions, charge accounts, etc.) Name of institution Address (City, State, Country) FINANCIAL STATUS 4. Have you ever been in, or petitioned for, bankruptcy? 5. If your answer is "YES" to the above, give particulars, including court and date(s) 6. Do you receive an annuity from the United States or District of Columbia Government under any retirement act, pension, or compensation for military or naval service? Yes No 7. If your answer is "YES" to the above question, give complete details 8. Do you have any financial interest in, or official connections with, non-U.S. corporations or businesses or with U.S. corporations or businesses having substantial foreign Yes No (If answer is "YES", furnish details in space below—Continue on separate sheet, if necessary) SECTION XXIV PERSONAL DECLARATIONS 1. Do you advocate or have you ever advocated, or are you now or have you ever been a member of, or have you ever supported or been associated with any political party, individual or organization which advocates or teaches the overthrown of the government of the United States by force, violence, or other unconstitutional means, or seeks by force or violence to deny persons their rights under the Constitution of the United States? Yes No 2. If you have answered "YES" to the question above, explain.

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4 1 3	3. Do you use or have yo ever used intoxicants?	90	Yes No	4. If so, to what extent?								
	5. Do you use or have you ever used narcotics?	ου	Yes No	6. If so, to what extent?								
SNC SNC	Yes											
PERSONAL DECLARATIONS	9. If to your knowledge,	, any of the abov	e have condu	cted an investigation of you, ind	leate the name of the agency ar	nd the approximate date of the investigation.						
DEC	Note Special Instructions			to the following questions 10 the sheet to this form in a		mation requested for each question on a separate,						
SONA	for any offense aga	inst the law? (Y	ou may omit	abroad of an offense against traffic violations for which you on of case in accordance with sp	paid a fine of \$30.00 or less	al, or are you now under charges Yes .) If so, state name of court, city, No						
PER	11. While in the military service, were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with instructions above. 12. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? If so, describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above.											
6												
***	13. Have you ever been Have you left a post		•	om any position? Yes you desire to explain? Y	No No							
	1-4. If your answer to eith	her or both quest	ions in Item 1:	3 above is "Yes," give details.								
SEC	CTION XXV		PERSO	NS TO BE NOTIFIED	IN CASE OF EMERGE							
2	1. Name (Last – First –	Middle)				2. Relationship						
Ç	3. Home address (Num	ber, Street, City,	State, ZIP Co	fe)		4. Home telephone number						
EMERGENCY	5. Business address (N	umber, Street, Cit	y, State, ZIP (Code) — Indicate name of firm or	employer, if applicable	6. Business telephone number & extension						
EMI	7. In case of emergence please identify the	cy, other close re persons not to be	atives (spouse notified and	e, mother, father) may also the reason.	be notified. If such notification	is NOT desirable because of health or other reasons,						
SE	CTION XXVI			CERTIFIC	CATION							
6				ED THAT THE ACCURACY WILL B	OF ANY STATEMENT MA	ADE IN THIS APPLICATION						
ATION	that any misstate	ement or omiss	ion as to me	iterial fact will constitute g	g answers are true and corre rounds for rejection of my a table by law (U.S. Code, Title	ect to the best of my knowledge and belief. I agree pplication or for immediate dismissal if employed. e 18, Section 1001).						
CERTIFICATION	1. Date of signatures				2. Signature of applicant							
Ü	3. Signed at (City and	State)			4. Signature of witness to Ide	ntify applicant						

Use the following space for extra details. Reference each at the end of the material. If additional space is required beyo	continued item by the section and item number to which it relates and sign your name nd page 16, use extra pages the same size as this page and sign each such page.
Approved For Release 2002 Space for extr.	/01/08 : CIA-RDP79-00632A000 700070010-2

	Space for extra details (Continued)—Reference each Approved For Release 2002/01/08: C	th continued item by section and item number HA-RDP79-00632A000100070010-2	
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	_		
I		(Signature)	

	or print ully—use black ink	PERSONAL HI	STORY SU	STORY SUMMARY		
(For off	fice use only)			(for office us	e only)	
ant	1. Full name (Last – First – Middle)		2. Date of birth	3. Place of t	oirth .	
Applicant	4. Other names used (Including maide	en name) (Last – First – Middle)	5. Citizenship (If nati	uralized, indicate date t	& place of naturalization & certificate no.)	
Status	6. Name of spouse (Last—First—Midd	lle – Maiden)	7. Date of birth 8. Place of birth (spouse)			
	9. Date & place of marriage		10. Citizenship of spot certificate no.)	use (If naturalized, indic	cate date & place of naturalization &	
Marita	11. Former spouse(s)—full name(s)		12. If divorced, date 8	k place of divorce		
	13. Complete following for high school:	; trade, commercial & specialized schools	(Exclude military training);	colleges & universities:		
Education	Dates attended (From — To —)	Name & address of school		Degree receiv	ved Major subject	
Educ						
	14. Complete following for last three ex	nployment positions or last two years—be	gin with most recent or curre	ent position:		
	Dates employed (From — To —)	Name & address of employer		Employer's complete b	usiness address	
1	15. Record last three places of residence	i e or places of residence for past two year	- hegin with most recent o	r current address.		
	Dates resided (From — To —)	Complete address (Number, Street, City,				
ary	16. Military service organization (A specify)	rmy, Navy, etc.— 17. Serial number	18. Rank, g	grade or rate	19. Dates of service (From — To —)	
Military	20. Military service organization (A specify)	rmy, Navy, etc.— 21. Serial number	22. Rank, ş	grade or rate	23. Dates of service (From — To —)	
2	24. Father's full name (Last — First — Mid	dle)	25. Date of birth	26. Place of b	Lirth (father)	
	27. Father's current address (Number, S	treet, City, State)	28. Father's citizenship	(If naturalized, date &	place of naturalization & certificate No.)	
Parents	29. Mother's full name (Last—First—Mid	idle — Maiden)	30. Date of birth	31. Place of b	virth (Mother)	
3	32. Mother's current address (Number, S	Street, City, State)	33. Mother's citizenship	(If naturalized, date &	place of naturalization & certificate No.)	

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2 PERSONAL HISTORY STATEMENT

INSTRUCTIONS

- DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS-

- 1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
- 2. Type or paint carefully USE BLACK TYPEWRITER RIBBON OR BLACK INK.
- 3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
- 4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
- 5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

1. Full Name (Las		GENERAL PERS	ONAL AND PHYSICAL	DATA	
•	st-first-middle)		2. Age 3.	Sex 4. S	ocial security number
				Male Female	
5. Nicknames		6.	Other names you have used		
7. Indicate circum	stances (including land	gth of time) under which you have t	used the games nated in item 4 a	h	
	1	m or many strain which you have t	oreg the agrics librar to Hew O C		
8. If legal change	e of name, give particu	lars (Where and by what authority	,)		
9. Height	10. Weight	11. Color of eyes	12. Color of hair	13. Type of complexion	14. Build
15. Scars (Type an	d location)		16. Other distings	ulshing physical features	
17. Current addres	is (No., Street, City St.	ate & ZIP code—country if not U.S.)	19 Command at a second	
	,,,,,		,	18. Current phone number	19. Long distan
20. Permanent add	Iress (No., Street, City,	State & ZIP code - country if not U	J.S.)	21. Permanent phone number	22. Long distan
				,	area code
23. Office phone n	umber	24. Office extension	25. Legal residen	ce (State, territory or country)	
CTION II			ITION DATA		
		or which you are applying			-
1. Indicate the typ	e of work or position fo				
	e of work or position fo				
	e of work or position fo				
	e of work or position fo				
1. Indicate the typ					
1. Indicate the typ	est annual entrance sa		3. Dates availab	le for employment	
Indicate the typ 2. Indicate the low	est annual entrance sa \$		Earliest:	Latest:	
Indicate the typ Indicate the low Indicate your wi	est annual entrance sa \$ Hingness to travel	lary you will accept	Earliest: 5. Indicate your	Latest: willingness to accept assignment in	the following locations—chec
Indicate the typ Indicate the low Indicate your wi Occasionally	est annual entrance sa \$	lary you will accept	Earliest: 5. Indicate your (X) each item	Latest: willingness to accept assignment in applicable	the following locations—chec
Indicate the typ Indicate the low Indicate your wi	est annual entrance sa \$ Hingness to travel	lary you will accept	5. Indicate your (X) each item Washington,	Latest: willingness to accept assignment in applicable D.C. Outside continental U.S.	
2. Indicate the low 4. Indicate your wi Occasionally Frequently Constantly	est annual entrance sa \$ Hingness to travel Other (Sp	lary you will accept	5. Indicate your (X) each item Washington, Anywhere in	Latest: willingness to accept assignment in applicable D.C. Outside continental U.S.	
2. Indicate the low 4. Indicate your wi Occasionally Frequently Constantly	est annual entrance sa \$ Hingness to travel Other (Sp	lary you will accept	5. Indicate your (X) each item Washington, Anywhere in	Latest: willingness to accept assignment in applicable D.C. Outside continental U.S.	
2. Indicate the low 4. Indicate your wi Occasionally Frequently Constantly	est annual entrance sa \$ Hingness to travel Other (Sp	lary you will accept	5. Indicate your (X) each item Washington, Anywhere in	Latest: willingness to accept assignment in applicable D.C. Outside continental U.S.	
2. Indicate the low 4. Indicate your wi Occasionally Frequently Constantly	est annual entrance sa \$ Hingness to travel Other (Sp	lary you will accept	5. Indicate your (X) each item Washington, Anywhere in	Latest: willingness to accept assignment in applicable D.C. Outside continental U.S.	
2. Indicate the low 4. Indicate your wi Occasionally Frequently Constantly 6. Indicate any res	est annual entrance sa \$ Hingness to travel Other (Sp	lary you will accept	5. Indicate your (X) each item Washington, Anywhere in	Latest: willingness to accept assignment in applicable D.C. Outside continental U.S.	
2. Indicate the low 4. Indicate your wi Occasionally Frequently Constantly	est annual entrance sa \$ Hingness to travel Other (Sp	lary you will accept	5. Indicate your (X) each item Washington, Anywhere in	Latest: willingness to accept assignment in applicable D.C. Outside continental U.S.	pecify):

SEC	TION III Approved For Rel	ease 2002/01/10 N	HA-RDP79-00	32A000100	07001	0-2	
7-7	1. Date of birth 2. Place of birth (City	r, State, Country)		3. Pres	ent citizens	hip (Country)	
	4. Citizenship Birth Marriage acquired by: Other (Specify):		5. Date naturalized	6. No	turalization	certificate num	ber
	7. Court issuing naturalization certificate		8. Issued at (City, State, Country)				
Ь	9. If alien, give alien registration number		10. Date and place of	arrival in U.S.			
NSH	11. Have you held previous nationality?		12. If yes, give name o	country			
CITIZENSHIP	Yes No 13. Give particulars concerning previous nationalities						
	14. Last U.S. visa (Number, type, place of issue)					15. Date visa	issued
	WOLL IV	EDUCAT	ION				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SE	CTION IV	ELEMENTARY					
	1. Name of elementary school ,	Address (City, State, Coun	try)	Years att	ended (From	1 — fo —) G	raduate Yes No
		HIGH SCH	IOOLS				
	1. Name of high school	Address (City, State, Coun	try)	Years att	ended (Fron	n — to —)	Fraduate Yes No
	2. Name of high school	Address (City, State, Coun	try)	Years att	ended (Fron	n — to —) C	Praduate Yes No
		COLLEGE OR UNIV	ERSITY STUDY				
	Name and location of college or university	Subject Major Minor	Years attended	Degree Received	Year Received	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
N	1.						
EDUCATION	2.						
EDL	3.						
A TRACTICAL TO A STATE OF THE PARTY OF THE P	4. If a graduate degree has been noted above which re	quired submission of a written	thesis, Indicate the title o	f the thesis and brid	efly describe	its content.	
· */	TR	ADE, COMMERCIAL AND	SPECIALIZED SCHO	OCL5			
-	Name and address of school		Study or specialization	Fro	m	То	No. of months
ni A	1,						
(2.						
4	3.						
Z.	4. Approved For Rel	2002/01/08	CIA DDD79 000	33000100	007001	0.2	

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1	Approved For Release 2					
Ó	MILITARY TRAINING IN SPECIALIZED SCHO		T T		т	
100	Name and address of school	Study or specialization	From	To	No. of mo	onths
	1.					
2						
EDUCATION	2.					
Ö	3.					
5						
æ	Other education or training not indicated above					
	Oner education of framing nor marcaled above					
6.						
5/6						
SEC	TION V FOREIGN L	ANGUAGE ABILITIES				
E-	1.		Level of Skill			
(C)	List below the foreign language or languages in	(Slight)			(Native)	
	which you possess any degree of competence. Indi-] 2	3	4	5	
	cate your proficiency in each of the five skill factors	0=	= No proficiency	in a		
*	shown (reading comprehension, writing ability, etc.)		specific skill fa			
ć.	by noting the number most indicative of your level of skill under the factor being considered.			=	HOW ACQUIR	
	If your proficiency relates to a particular dialect of a	SKILL FACTOR	5	*	[Check (X) Box(which apply]	
e.	major language, identify this dialect by noting it in		/ / /		7 /	/
	parentheses after the language on the same line.			II	/ /	/
- 6	If you have no proficiency in any foreign	Reacting Comparabasics Writing Obility Pronunciation Comparability	Comprehension	[] /	Compact (with	
ps.	language, check (X) box at right and		/ # <u> </u>	Native of Prolong	Contact (with	ji l
7.1	leave other items blank.	Promuncial				के 📗
	Teare office fields blank.	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0 8 / /	1 3 9 4	हु / ५ ४ / ४	Ř.
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ABILITY			iv.			
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9			Age of the second			
Ö						
¥			Section 1			
GUAGE	2. If you have had experience as a translator, interpreter or instructor—expla	ain and specify in which language(s) you ha	re had such experi	ence.		
			•			
M						
7						
ซ์						
iii						
FOREIGN			4-1		AL	10-11-
100	3. Describe your ability to do specialized language work involving vocabularies	ond terminology in the scientific, engineering,	telecommunication	s, military and	otner specialized	neicis.
2,0						
2	M Inc.					
1						
6						
1	And the same of th	***************************************				
	4. If you have noted a proficiency in language, would you be willing to use the	is ability Yes No				
4,	in any position for which you might be selected?					
gani	(For Office Use Only)					
V.						
	In ▼					
6	H.A.					
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ľ	Approved For Release 2002/01	IOS - CIA DIDEZO OGESSAO	001000700	10.2		
	Approved for Release 2002/01	100 . CIA-KUP / 3-0003ZAU	<u> </u>	10-4		

1.	type of knowleds	reign regions or co ge such as terrain,	untries in wi harbors, in	hich you have dustries, util	e traveled or gained k lities, railroads, politic	nowledge as a s al parties, etc.	esuit of resid	ience, study o	r werk assi	gnment. Ir	aicate
					Dates of Travel		0 NL .	Knov	rledge acqui	red by - Che	
	Name of Region or Country	on	Type of Spec Knowled		or Residence		& Place Study	Resi- dence	Travel	Study	Assi me
Т											
			4						ļ		
											
2.	Indicate the purpo	se of visit, residence o	or travel in ea	ach of the regi	ons or countries listed ab	OV6					
_			de Sete M	Y							
-	ON VII	port Number & Expira	Ition Date, it		AND STENOGRAI	PHIC SKILLS					
	Typing (WPM)	2. Shorthand (WP	M) 3. Indi		i system used—check (X) o						
				Gregg	Speedwriting	Stenotype	Specify:				
4.	Indicate other busi	iness machines with w	hich you have	had operating	g experience or training (comptometer, mi	neograph, car	d punch, etc.)			
_	ON VIII			SPE	CIAL QUALIFICA						
1.	List all hobbies an	d sports in which you	are active or		participated. Indicate ye		each.				
				have actively	participated. Indicate yo	ur proficiency in					
				have actively		ur proficiency in		of work.			
				have actively	participated. Indicate yo	ur proficiency in		of work.			
				have actively	participated. Indicate yo	ur proficiency in		of work.			
2.	Indicate any speci	al qualifications resul	ting from exp	have actively	participated. Indicate yo	ur proficiency in	asition or type	١			
2.	Indicate any speci	al qualifications result	ting from exp	have actively periods or training the series or training the series or training the series of the se	participated. Indicate you in ing which might fit you ted in item 4, section VII,	ur proficiency in or a particular p	osition or type	ess relating to o	ther equipme	ent and mach	înes su
2.	Indicate any speci	al qualifications result	ting from exp	have actively periods or training the may have its	participated. Indicate yo	ur proficiency in or a particular p	osition or type	ess relating to o	ther equipme al devices.	ent and mach	înes su
3.	Excluding business as operation of ra	at qualifications result s equipment or machi dio transmitters (indic	ting from exp nes which you note CW spee	perience or trail or may have its d, sending & r	participated. Indicate you in in item 4, section VII, section VII, section VII, section VII, section J, offset press, too	or a particular p	osition or type osition or type skills you poss d other scient	ess relating to o fic & profession	al devices.	ent and mach	înes su
3.	Excluding business as operation of ra	at qualifications result s equipment or machi dio transmitters (indic	nes which you are CW speed	perience or trail or may have its d, sending & r	participated. Indicate you in ing which might fit you ted in item 4, section VII,	or a particular p	osition or type osition or type skills you poss d other scient	ess relating to o fic & profession	al devices.		ines su
3.	Excluding business as operation of ra Are you now or ha lawyer, CPA, medi	al qualifications result sequipment or machi dio transmitters (indic ave you ever been a li ical technician, psycho red "Yes" to item 4 a	nes which you are CW speed	werlence or trail were may have list d, sending & r	participated. Indicate you in in item 4, section VII, section VII, section VII, section VII, section J, offset press, too	or a particular p list any special or ret lathe, EDP ar	osition or type skills you possed of other scient	ess relating to o fic & profession to operator, tea	al devices.	Yes No	
3.	Excluding business as operation of ra Are you now or ha lawyer, CPA, medi	al qualifications result s equipment or machi dio transmitters (indic ave you ever been a li ical technician, psycho	nes which you are CW speed	werlence or trail were may have list d, sending & r	participated. Indicate you in in item 4, section VII, ecciving), offset press, turn of any trade or profession	or a particular p list any special or ret lathe, EDP ar	osition or type skills you possed of other scient	oss relating to o fic & profession to operator, tea 6. First Li	cher,	Yes No cate (year of	issue)
3.	Excluding business as operation of ra Are you now or ha lawyer, CPA, medi	al qualifications result sequipment or machi dio transmitters (indic ave you ever been a li ical technician, psycho red "Yes" to item 4 a	nes which you are CW speed	werlence or trail were may have list d, sending & r	participated. Indicate you in in item 4, section VII, ecciving), offset press, turn of any trade or profession	or a particular p list any special or ret lathe, EDP ar	osition or type skills you possed of other scient	oss relating to o fic & profession to operator, tea 6. First Li	cher,	Yes No cate (year of	issue)
3.	Excluding business as operation of ra	al qualifications result s equipment or machl dio transmitters (indic sve you ever been a li lcal technician, psycho red "Yes" to item 4 al gistry number, if know	nes which you care CW speedicensed or cerologist, physic bove, indicate wn)	w may have its d, sending & r	participated. Indicate you in in item 4, section VII, ecciving), offset press, to of any trade or professions or certification and the	or a particular p list any special ret lathe, EDP ar n such as pilot, e	osition or type skills you poss d other scient lectrician, cad nicipality, etc.	oss relating to o fic & profession to operator, tea 6. First Li 7. Latest	cher, cense/Certific	Yes No cate (year of	issue) of issue
3.	Excluding business as operation of ra Are you now or had lawyer, CPA, mediantly on have answer (Provide license re	al qualifications result s equipment or machi- dio transmitters (indic sve you ever been a li lad technician, psycho red "Yes" to item 4 al gistry number, if know	nes which you care CW speedicensed or cerelogist, physic bove, indicate wn)	w may have its d, sending & r rtifled member clan, etc.?	participated. Indicate you in ing which might fit you to ted in item 4, section VII, ecciving), offset press, to of any trade or professions or certification and the (do NOT submit copies united).	or a particular p list any special ret lathe, EDP ar n such as pilot, e	osition or type skills you poss d other scient lectrician, cad nicipality, etc.	oss relating to o fic & profession to operator, tea 6. First Li 7. Latest	cher, cense/Certific	Yes No cate (year of	issue) of issue
3.	Excluding business as operation of ra Are you now or had lawyer, CPA, mediantly on have answer (Provide license re	al qualifications result s equipment or machl dio transmitters (indic sve you ever been a li lcal technician, psycho red "Yes" to item 4 al gistry number, if know	nes which you care CW speedicensed or cerelogist, physic bove, indicate wn)	w may have its d, sending & r rtifled member clan, etc.?	participated. Indicate you in ing which might fit you to ted in item 4, section VII, ecciving), offset press, to of any trade or professions or certification and the (do NOT submit copies united).	or a particular p list any special ret lathe, EDP ar n such as pilot, e	osition or type skills you poss d other scient lectrician, cad nicipality, etc.	oss relating to o fic & profession to operator, tea 6. First Li 7. Latest	cher, cense/Certific	Yes No cate (year of	issue) of issu
3.	Excluding business as operation of ra Are you now or had lawyer, CPA, mediantly on have answer (Provide license re	al qualifications result s equipment or machi- dio transmitters (indic sve you ever been a li lad technician, psycho red "Yes" to item 4 al gistry number, if know	nes which you care CW speedicensed or cerelogist, physic bove, indicate wn)	w may have its d, sending & r rtifled member clan, etc.?	participated. Indicate you in ing which might fit you to ted in item 4, section VII, ecciving), offset press, to of any trade or professions or certification and the (do NOT submit copies united).	or a particular p list any special ret lathe, EDP ar n such as pilot, e	osition or type skills you poss d other scient lectrician, cad nicipality, etc.	oss relating to o fic & profession to operator, tea 6. First Li 7. Latest	cher, cense/Certific	Yes No cate (year of	issue) of issue
2. 3. 4. 5.	Excluding business as operation of ra lawyer, CPA, mediangler of the lawyer, CPA, mediangler of the license results of the lawyer of the license results of the lawyer of	al qualifications result s equipment or machi- dio transmitters (indic ave you ever been a li ical technician, psycho red "Yes" to Item 4 al gistry number, if know	nes which you care CW speed consed or certalogist, physicalogist,	may have its d, sending & r riffed member clan, etc.? s kind of licens	participated. Indicate you in in item 4, section VII, ecciving), offset press, turn of any trade or professions or certification and the (do NOT submit copies uniories, etc.)	or a particular p list any special ret lathe, EDP ar n such as pilot, e	osition or type skills you poss d other scient lectrician, cad nicipality, etc.	oss relating to o fic & profession to operator, tea 6. First Li 7. Latest	cher, cense/Certific	Yes No cate (year of	issue) of issue
2. 3. 4. 5.	Excluding business as operation of ra lawyer, CPA, mediangler of the lawyer, CPA, mediangler of the license results of the lawyer of the license results of the lawyer of	al qualifications result s equipment or machi- dio transmitters (indic ave you ever been a li ical technician, psycho red "Yes" to Item 4 al gistry number, if know	nes which you care CW speed consed or certalogist, physicalogist,	may have its d, sending & r riffed member clan, etc.? s kind of licens	participated. Indicate you in ing which might fit you to ted in item 4, section VII, ecciving), offset press, to of any trade or professions or certification and the (do NOT submit copies united).	or a particular p list any special ret lathe, EDP ar n such as pilot, e	osition or type skills you poss d other scient lectrician, cad nicipality, etc.	oss relating to o fic & profession to operator, tea 6. First Li 7. Latest	cher, cense/Certific	Yes No cate (year of	issue) of issue
2. 3. 4. 5.	Excluding business as operation of ra lawyer, CPA, mediawyer,	al qualifications result s equipment or machi- dio transmitters (indic ave you ever been a li ical technician, psycho red "Yes" to Item 4 al gistry number, if know	nes which you care CW speed consed or certalogist, physic bove, indicate way)	may have its d, sending & r rified member clan, etc.? s kind of licens are the author (novels, short st	participated. Indicate you in in item 4, section VII, ecciving), offset press, turn of any trade or professions or certification and the (do NOT submit copies uniories, etc.)	or a particular p list any special ret lathe, EDP ar n such as pilot, e	osition or type skills you poss d other scient lectrician, cad nicipality, etc.	oss relating to o fic & profession to operator, tea 6. First Li 7. Latest	cher, cense/Certific	Yes No cate (year of	issue) of issue
2. 3. 4. 5.	Excluding business as operation of ra Are you now or had lawyer, CPA, medically answer (Provide license research). List any significant fiction or scientific. Indicate any device.	al qualifications result s equipment or machi- dio transmitters (indic see you ever been a li ical technician, psycho red "Yes" to item 4 al gistry number, if know published materials of articles, general inter ses which you have inv	nes which you care CW speed consed or cerelogist, physic bove, indicate way, or which you a rest subjects, wented and state as experience.	may have its d, sending & r rifled member clan, etc.? s kind of Ilcens are the author (novels, short st	participated. Indicate you in in item 4, section VII, ecciving), offset press, turn of any trade or professionse or certification and the cories, etc.)	or a particular p list any special ret lathe, EDP ar n such as pilot, e lissuing State, mu	osition or type skills you poss d other scient lectrician, rad nicipality, etc.	oss relating to o fic & profession to operator, tea 6. First Li 7. Latest	cher, cense/Certific	Yes No cate (year of	issue) of issue
2. 3. 4. 5.	Excluding business as operation of ra Are you now or had lawyer, CPA, medically answer (Provide license research). List any significant fiction or scientific. Indicate any device.	al qualifications result s equipment or machi- dio transmitters (indic see you ever been a li ical technician, psycho red "Yes" to item 4 al gistry number, if know published materials of articles, general inter ses which you have inv	nes which you care CW speed consed or cerelogist, physic bove, indicate way, or which you a rest subjects, wented and state as experience.	may have its d, sending & r rifled member clan, etc.? s kind of Ilcens are the author (novels, short st	participated. Indicate you in in item 4, section VII, ecciving), offset press, turn of any trade or professions or certification and the (do NOT submit copies uniories, etc.)	or a particular p list any special ret lathe, EDP ar n such as pilot, e lissuing State, mu	osition or type skills you poss d other scient lectrician, rad nicipality, etc.	oss relating to o fic & profession to operator, tea 6. First Li 7. Latest	cher, cense/Certific	Yes No cate (year of	issue) of issue

Appic	ved For Rele	ase 20 02/ 0	FHORRACIATARDP79-006	32A000100070010-2		
Are you registered for the Draft up versal Military Training & Ser	nder the Uni-	Yes	2. Selective Service classification	3. If deferred, give reas		
amended?		No				
4. Local Selective Service Board Nu	mber and Address					
		MILITA	RY SERVICE RECORD			
		r past active du	ty military service with the Army,			
Marine, National Guard, Ai and organization in Item 1		r foreign (non-i	U.S.) military organization. For f	oreign military organization,	specify both nation	
Military organization (Army, Navy, etc.—specify)		2. Branch or C	Corps 3. Dates of	3. Dates of service (extended active duty)		
			From—	To-		
A Shakur (Barrular Barraya Al-	5 P					
4. Status (Regular, Reserve, etc specify)	. — 5. Rank, grade o tion if past ser		o. Serial, service of file number	7. Type of separation from active duty (insert number	for	
				type which applies—see list below)		
P. Brief description of military	dualno denno del abordica	a mad akilla whiah	best describe your work or function in			
1. Military organization (Army,	Navy, etc.—specify)	2. Branch or C	Corps 3. Dates of	service (extended active duty)	<u></u>	
			From-	To—		
4. Status (Regular, Reserve, etc.	. — 5. Rank, grade o	r rate (at separa-	6. Serial, service or file number	7. Type of separation from		
specify)	tion if past ser		o. Januar, sorrice or the trember	active duty (insert number	for	
			i e	type which applies—see		
8. Brief description of military	duties			list below)		
Types of separation from		ischorge	4—Retirement for service	itst below) 7 — Undue hardships		
Types of separation from active duty—record applicable number in	1 Honorable d 2 Release to in	active duty	4 — Retirement for service 5 — Retirement for combat disabil 6 — Retirement for obysical disabil	7—Undue hardships Other—specify in item 7 in lieu of		
Types of separation from active duty—record applicable number in	1 Honorable d 2 Release to In 3 Retirement fo	active duty or age	5 — Retirement for combat disabil 6 — Retirement for physical disabi	7—Undue hardships Other—specify in item 7 in lieu of number		
Types of separation from active duty—record applicable number in item(s) 7 above	1 Honorable d 2 Release to in 3 Retirement fo MILITAR	active duty or age RY RESERVE, I	5 — Retirement for combat disabil	7—Undue hardships 1 to		
Types of separation from active duty—record applicable number in item(s) 7 above Complete the following item member of the ROTC. Check (X) Reserve, Guard or	1 Honorable d 2 Release to in 3 Retirement fo MILITAE ns if (1) you now have	active duty or age RY RESERVE, I e reserve status	5—Retirement for combat disabil 6—Retirement for physical disabil NATIONAL GUARD & R.O.T.C. 1, (2) you are a member of the Nation	7—Undue hardships 1 to	ard, or (3) you are a	
Types of separation from active duty—record applicable number in item(s) 7 above Complete the following item member of the ROTC.	1 Honorable d 2 Release to in 3 Retirement fo MILITAR	active duty or age RY RESERVE, I	5—Retirement for combat disabil 6—Retirement for physical disabil NATIONAL GUARD & R.O.T.C. 1, (2) you are a member of the Nation	7—Undue hardships Other—specify in item 7 in lieu of number STATUS onal Guard or Air National Guard		
Types of separation from active duty—record applicable number in item(s) 7 above Complete the following item member of the ROTC. Check (X) Reserve, Guard or ROTC organization to which	1 — Honorable d 2 — Release to in 3 — Retirement fo MILITAR ns if (1) you now have	RY RESERVE, Perserve status Marine Cor Air Force	5—Retirement for combat disabil 6—Retirement for physical disabil NATIONAL GUARD & R.O.T.C. 1, (2) you are a member of the National Guard PS National Guard	7—Undue hardships Other—specify in item 7 in lieu of number STATUS Onal Guard or Air National Guard Coast Guard	Navy ROTC Air Force ROTC	
Types of separation from active duty—record applicable number in item(s) 7 above Complete the following item member of the ROTC. Check (X) Reserve, Guard or ROTC organization to which you belong	1 Honorable d 2 Release to in 3 Retirement for MILITAE ns if (1) you now have	Active duty or age RY RESERVE, Provide a reserve status Marine Cornalir Force 2. Date of app	5 — Retirement for combat disabil 6 — Retirement for physical disabil NATIONAL GUARD & R.O.T.C. 1, (2) you are a member of the National Guard Air Nat'l Guard	7—Undue hardships Other—specify in item 7 in lieu of number STATUS Coast Guard Army ROTC 3. Expiration date of curr reserve obligation	Navy ROTC Air Force ROTC	
Types of separation from active duty—record applicable number in item(s) 7 above Complete the following item member of the ROTC. Check (X) Reserve, Guard or ROTC organization to which you belong 1. Current rank, grade or rate 4. Check (X) current reserve category	1 Honorable d 2 Release to in 3 Retirement for MILITAE Ins if (1) you now have Army Navy Ready	Active duty or age RY RESERVE, Programme or reserve status Marine Cornair Force 2. Date of app Reserve	5—Retirement for combat disabil 6—Retirement for physical disabil NATIONAL GUARD & R.O.T.C. 1, (2) you are a member of the National Guard Pointment in current rank	7—Undue hardships Other—specify in item 7 in lieu of number STATUS Total Guard or Air National Guard Army ROTC 3. Expiration date of curre reserve obligation active) Retired	Navy ROTC Air Force ROTC	
Types of separation from active duty—record applicable number in item(s) 7 above Complete the following item member of the ROTC. Check (X) Reserve, Guard or ROTC organization to which you belong 1. Current rank, grade or rate 4. Check (X) current reserve category	1 Honorable d 2 Release to in 3 Retirement for MILITAE Ins if (1) you now have Army Navy Ready	Active duty or age RY RESERVE, Programme or reserve status Marine Cornair Force 2. Date of app Reserve	5—Retirement for combat disabil 6—Retirement for physical disabil NATIONAL GUARD & R.O.T.C. 1, (2) you are a member of the National Guard Air Nat'l Guard Dointment in current rank Standby (active) Standby (in	7—Undue hardships Other—specify in item 7 in lieu of number STATUS Total Guard or Air National Guard Army ROTC 3. Expiration date of curre reserve obligation active) Retired	Navy ROTC Air Force ROTC	
Types of separation from active duty—record applicable number in item(s) 7 above Complete the following item member of the ROTC. Check (X) Reserve, Guard or ROTC organization to which you belong 1. Current rank, grade or rate 4. Check (X) current reserve category	1 Honorable d 2 Release to in 3 Retirement for MILITAE Ins if (1) you now have Army Navy Ready arve duties (record the or	Active duty or age RY RESERVE, Perserve status Marine Cor Air Force 2. Date of app Reserve :	5—Retirement for combat disabil 6—Retirement for physical disabil NATIONAL GUARD & R.O.T.C. 1, (2) you are a member of the National Guard Air Nat'l Guard Dointment in current rank Standby (active) Standby (inchical best describe your work or functional contents of the national contents of the National Guard Standby (active) Standby (active) Standby (inchical contents of the National Contents o	7—Undue hardships Other—specify in item 7 in lieu of number STATUS Total Guard or Air National Guard Army ROTC 3. Expiration date of curre reserve obligation active) Retired	Navy ROTC Air Force ROTC	

CTI	ION X Approved For Release 280210	Y/08NTCH/STRIP79-00632A000100070010-2
	for all periods including casual employment and all periods (of employment for past 18-years, starting with current or most recent position. Account to unemployment. Give address and state what you did during periods of unemploynt, regardless of dates. In completing item 10, "description of duties", consider your tements.
ľ	1. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency
	3. Address (Number, Street, City, State, Country)	Indicate specific area or place of employment if other than address noted in item
ŀ	5. Kind of business	6. Name of supervisor Male
(1)) 7. Title of job	8. Salary or earnings 9. Class; grade if Federal Service
	10. Description of duties	
	11. Reasons for leaving	
	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item
	5. Kind of business	6. Name of supervisor Male
(2)	7. Title of job	8. Salary or earnings 9. Class; grade if Federal Servi
	10. Description of duties 11. Reasons for leaving	
-	1. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item
	5. Kind of business	6. Name of supervisor Male
(3)	7. Title of job	8. Salary or earnings 9. Class, grade if Federal Servi
ģ	10. Description of duties	
ļ	11. Reasons for leaving	
	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency
(4)	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item
(Ŧ)	5. Kind of business	6. Name of supervisor Male
	7. Title of job Approved For Release 2002/01	1/08 : CIA-RDP79-00632A000100070010-2 Fema Fema Service Servic
		i S per

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61			ingle, married,	widowed, se	parated, a	livorced, annulled,	remarried)	specify —			
1	2.	State date, plac	e, and reason f	or all separa	ition, divo	rces or annulments					
*											
C [']	w	ife, husband	If you have	been mari	ried more	than once (inclu	ding ann	ulments) use separate	sheet for former	wife or	husband giving data required
		r flance(e)	below for a	ili previous	merrieg	es. If marriage	contemple	ated, fill in appropriate	information for	flance(e).
	3.	Name of spouse		(La	st)		(First)		(Middle)		(Maiden)
	4.	4. State any other names ever used by spause									
		Indicate circumstances (including length of time) under which any						s noted in item 4 above	were used. If I	egal cha	inge, give particulars (where
		and by what	authority). U	se extra sp	ace prev	ided on pages 15	5 and 16 (of this form to record t	his information.		
	5.	Date of birth		6. Place o	f birth (Ci	ty, State, Country)					7. Date of marriage
ė.	R	Place of marria	ne (City, State.	Country)							9. Living
15	0.	rides of marrie	go (cii), olale,	,							Yes No
STATUS	10.	Citizenship			11. Form	er citizenship(s) [co	untry(ies)]			12. If a	lien, give alien registration number
ST				1				T		34 11 .	li di
MARITAL	13.	Date U.S. citize	nship acquired	14. Where	acquired			15. Date and place of a	rrival in U.S.	Io. Nar	uralization certificate number
RH	17.	Date of death		18. Cause	of death					1	
A					****						
proceed	19.	Current address	s (Give last add	ress, if deced	sed)			20. Address of spouse be	efore marriage		
	21.	Occupation	•		22. Pres	ent employer (Also	give former	employer, or if spouse de	ceased or unemploy	red, give	last two employers)
					ļ						
									,		
	23.	Employer's or b	ousiness address	(Number, St	reet, City,	State, Country)					
	24.	Dates of militar	ry service			25. Branch of milito	ory service	y service 26. Country with which military service affiliate			sich military service affiliated
		(From — to —	by month & yea	r)							
				···							
	27.	Details of other	r government se	rvice, U.S. or	foreign						
	S.										
SE		ON XII					ND OT	HER DEPENDENTS			
	1.	Provide the fol	lowing informat Name	ion for all ch	ildren sac	Relationship		Date & Place of Birth	Citizenship	1	Address
			1401116			REIGHONSHIP				+	
	H		4,000							+	
15	п										
DEPENDENTS								···································			
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. 7											
No. of the											
P		M1-191	. (taslada 4	Atlata - 0 - 1	amacal -k-1	Idea) who are	ļ	3. No. of other depe	ndents /e a ene	1	stannarants atc 1
	1	. No. of childre unmarried, un	der 21 years o						for at least 50% of		port or children over
			_	_							
			App	roved F	or Re	lease 2002 <i>i</i>	0 <u>1/08</u> 8	CIA-RDP79-00	632A00010	00700	110-2

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2 SECTION XIII FATHER (Give same information for stepfather and/or guardian on a separate sheet) 1. Full name (Last-First-Middle) 2. State other names he has used Indicate circumstances (including longth of time) under which any names in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information. 5. Living 3. Date of birth 4. Place of birth (City, State, Country) Yes No 7. Cause of death 8. Citizenship (Country) 6. Date of death 11. Where acquired (City, State, Country) 9. Former citizenship(s) [country(ies)] 10. Date U.S. citizenship acquired 14. Date and place of arrival in U.S. 12. Naturalization certificate number 13. If alien, give alien registration number 15. Current address (Give last address, if deceased) 16. Occupation 17. Present employer (Give last employer if father deceased or unemployed) 18. Employer's business address or father's business address if self-employed 20. Branch of military service 21. Country with which affiliated 19. Dates of military service (From - to -) 22. Details of other government service, U.S. or foreign MOTHER (Give same information for stepmother on a separate sheet) SECTION XIV 1. Full name (Last - First - Middle - Maiden) 2. State other names she has used indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information. 5. Living 3. Date of birth 4. Place of birth Yes No 8. Citizenship (Country) 6. Date of death 7. Cause of death 10. Date U.S. citizenship acquired 11. Where acquired (City, State, Country) 9. Former citizenship(s) [country(ies)] **MOTHER** 14. Date and place of arrival in U.S. 12. Naturalization certificate number 13. If alien, give alien registration number 15. Current address (Give last address, if deceased) 17. Present employer (Give last employer if mother deceased or unemployed) 16. Occupation 18. Employer's business address or mother's business address if self-employed 21. Country with which affiliated 20. Branch of military service 19. Dates of military service (From - to -) 22. Details of other government service, U.S. or foreign

SE	CTI	ON XV	ROTHERS AND SISTER	S Aleckudina	hatty Atage Chart set ablant a	mthern and ristary)	10.2
-		1. Full name (Last—First—Mid-		102/01/08	2. Relationship		izenship (Country)
	(1)	4. Date of birth	5. Place of birth (City,	State, Country)		6. Liv	Ing Yes No
		7. Present employer (Give last employer if deceased or unemployed) 1. Full name (Last—First—Middle—Maiden)			8. Current address (Give last address, if deceased)		
					2. Relationship	3. Cit	izenship (Country)
	(2)	4. Date of birth 5. Place of birth (City, State,				6. Liv	ing Yes No
		7. Present employer (Give last	employer if deceased or unempla	eyed)	8. Current address (Give last		
RS		1. Full name (Last — First — Mid	dle — Maiden)		2. Relationship	3. Cit	izenship (Country)
AND SISTERS	(3)	4. Date of birth	5. Place of birth (City,	State, Country)]	6. Liv	ing Yes No
ON		7. Present employer (Give last	employer if deceased or unemplo	oyed)	8. Current address (Give last		
RS A		1. Full name (Last—First—Mid-	dle — Maiden)	TOTAL CONTRACTOR	2. Relationship	3. Cit	izenship (Country)
BROTHERS	(4)	4. Date of birth	5. Place of birth (City,	State, Country)		6. Livi	ing Yes No
BRC	Ì.	7. Present employer (Give last	employer if deceased or unemplo	oyed)	8. Current address (Give last	address, if deceased)	
		1. Full name (Last—First—Mid-	dle — Maiden)		2. Relationship 3. Citi		izenship (Country)
	(5)	4. Date of birth	4. Date of birth 5. Place of birth (City, State, Country			6. Livi	ing Yes No
		7. Present employer (Give last	employer if deceased or unemplo	yed)	8. Current address (Give last address, if deceased)		
		1. Full name (Last—First—Mid-	dle Maiden)		2. Relationship 3. Citi		izenship (Country)
	(6)	4. Date of birth	5. Place of birth (City,	State, Country)		6. Liv.	ing Yes No
		7. Present employer (Give fast	employer if deceased or unemplo	oyed)	8. Current address (Give last	address, if deceased)	
SE	-		ATHER-IN-LAW (If marrie	age contemple	ated, fill in information for fi	uture father-in-law)	
	1.	Full name (Last—First—Middle)					
	2.	State other names he has used					
N	4	Indicate circumstances (inci- by what authority). Use ex	uding length of time) under v fra space previded on pages	which any man 15 and 16 of	nes noted in item 2 above wer this form to record this info	re used. If legal chang ormation.	je, give particulars (where and
FATHER-IN-LAW	3,	Date of birth	4. Place of birth				5. Living Yes No
R-IN	6.	Date of death	7. Cause of death				8. Citizenship (Country)
ATH	9.	Former citizenship(s) [country(ies	0]	10. Date U.S. o	citizenship acquired	11. Where acquired (C	ity, State, Country)
	12.	Naturalization certificate numbe	r	13. If alien, gi	ve alien registration number	14. Date and place of	arrival in U.S.
	15.	Occupation		16. Present emp	ptoyer (Give last employer if fath	er-in-law deceased or un	emplayed)
	17.	Current address (Give last addre	ess, if deceased)				
(For	Of	fice Use Only)					

2.	State other names she has used					
	Indicate circumstances (includi by what authority). Use extra	ng length of time) u space provided on	nder which any nam pages 15 and 16 of	es noted in item 2 above this form to record this i	were used. If lega nformation.	i change, give particulars (where a
3.	Date of birth 4.	Place of birth				5. Living
6.	Date of death 7.				8. Citizenship (Country)	
9.	Former citizenship(s) [country(ies)]		10. Date U.S.	citizenship acquired	11. Where acc	quired (City, State, Country)
12.	Naturalization certificate number		13. If alien, g	ive alien registration number	14. Date and	place of arrival in U.S.
15.	Occupation		16. Present en	nployer (Give last employer i	f mother-in-law deced	used or unemployed)
17.	Current address (Give last address,	if deceased)				
CTIC	ON XVIII RELAT	IVES BY BLOOD,	MARRIAGE OR A	DOPTION WHO EITHE WORK FOR A FOREIG	R (1) LIVE ABRO	PAD,
	1. Name (Last—First—Middle)			2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
(1)	5. Citizenship (Country)		6. Address or country i	in which relative resides		
	7. Employed by			8. Frequency of contact	9. Date of last contact	
	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Count	
(2)	5. Citizenship (Country)	5. Citizenship (Country) 6. Address or cou				
	7. Employed by			8. Frequency of contact	9. Date of last contact	
	1. Name (Last—First—Middle)			2. Relationship	3. Date of birth	4. Place of birth (City, State, Count
(3)	5. Citizenship (Country)		6. Address or country	in which relative resides	<u></u>	
	7. Employed by			8. Frequency of contact	9. Date of last contact	
СТІ	ION XIX RELATIVI	ES BY BLOOD, MA	ARRIAGE OR ADO	PTION WHO ARE IN EUNITED STATES	THE MILITARY O	R CIVIL
	1. Name (Last—First—Middle)			2. Relationship	3. Date of birth	4. Place of birth (City, State, Count
(1)	5. Citizenship (Country)	6. Address	(Number, Street, City,	State, Country)	7. Type and location of service (If known)	
	1. Name (Last — First — Middle))		2. Relationship	3. Date of birth	4. Place of birth (City, State, Coun
(2)	5. Citizenship (Country)	6. Address	(Number, Street, City,	er, Street, City, State, Country) 7. Type		ion of service (If known)
ŀ	1. Name (Last—First—Middle)			2. Relationship 3		4. Place of birth (City, State, Count
(3)	5, Citizenship (Country)	6. Address	(Number, Street, City,	State, Country)	7. Type and loca	tion of service (If known)

SECT	ION XX ApprovedA	COPA	e Riak	6520072RESIDENCE LACROPPESPE	96325A V DOWN D0070	010-2		
	Include addresses while at school and in location by city, state, and country.	n military	service.	If residences in military service cannot be shown	as street addresses, indicate c	omplete military	unit desig	gnation and
	Addres	ss last r	esidence	first (number, street, city, state, country)	W	Inclusive do		
			-			From	То	
8								
KESIDENCES								
7								
SECI	TION XXI		list fly	REFERENCES character references (not relatives) in the U.S.	who have you will			
ò	Name (Last – First – Middle)	Se	T	Business Address	Residence A	Address		Length of Time Known (in yrs
#			M F					
			M F					
			F M					
KEFERENCES			F M F					
Y T	List five persons in the U.S. who knot persons listed (if possible) should be	ow you so individu	cially (naise who i	ot relatives, supervisors or employers). If you h knew you overseas.	ave resided overseas at any fli	me during the pa	ist 15 year	
2	Name (Last – First – Middle)	Se	M	Business Address	Residence A	Address		Length of Tim Known (in yrs
			F M					 ,
			M F					
			M F					
			M		ł			

Name and chapter		Address (Number, Street, City, State, Country)	Date	e of membership
			(From)	(To)
ION XXIII		FINANCIAL STATUS		
1. Are you entirely dependent on your sala	ry? Yes	No September 1999	a septimization of	Carrier Louisian
	3, Credi	lit references (banking institutions, charge accounts, etc.))	
Name o	finstitution		dress (City, State, Country)	
4. Have you ever been in, or petitioned fo 5. If your answer is "YES" to the above, gi				
Yes No		olumbia Government under any retirement act, pension,	or compensation for military	or naval service?
7. If your answer is "YES" to the above qu	estion, give complete deta	ails		
8. Do you have any financial interest in, interests? Yes N	or official connections with o (If answer is "YES", fi	h, non-U.S. corporations or businesses or with U.S. corpo furnish details in space below — Continue on separate sh	rations or businesses having eet, if necessary)	j substantiai foreig
CTION XXIV	PE	ERSONAL DECLARATIONS		
Do you advocate or have you ever advocate or have you h	organization which advoce	have you ever been a member of, or have you ever supportates or teaches the overthrown of the government of the olence to deny persons their rights under the Constitution	United States by force,	Yes [
2. If you have answered "YES" to the que	stion above, explain,			

	Λ,	aproved	For Po	RERSONAL DECLARA	TIONS (Septimed) 24000	100070010.2							
	3. Do you use or have you	aproveu	Yes	4. If so, to what extent?	CIA-RMF15-000824000	100070010-2							
	ever used intoxicants?		No No										
	5. Do you use or have you ever used narcotics?												
	7. Have you ever been a me Yes No	7. Have you ever been a member of, or supported, or had any connections with a foreign intelligence organization or its activities? If answer is "Yes", give complete details:											
SNO	8. List the names of Governm	3. List the names of Government departments, agencles or offices to which you have applied for employment since 1955.											
LARATI	9. If to your knowledge, any	9. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.											
L DEC				to the following questions in the sheet to this form in t		s requested for each question on a separate,							
PERSONAL DECLARATIONS	for any offense against	O. Have you ever been convicted in the U. S. or abroad of an offense against the law or forfelted collateral, or are you now under charges for any offense against the law? (You may omit traffic violations for which you paid a fine of \$30.00 or less.) If so, state name of court, city, state, country, date nature of offense, and disposition of case in accordance with special instructions above.											
PER		I. While in the military service, were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of Securence on separate sheet in accordance with instructions above.											
	involved or not, which	2. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? If so, describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above.											
		13. Have you ever been dismissed or asked to resign from any position? Yes No Have you left a position under circumstances which you desire to explain? Yes No											
B. The State of th													
SE	CTION XXV		PERSO	NS TO BE NOTIFIED	IN CASE OF EMERGENCY								
	1. Name (Last – First – Midd	(e)				2. Relationship							
Ç	3. Home address (Number,	Street, City, S	tate, ZIP Cod	(e)		4. Home telephone number							
EMERGENCY	5. Business address (Numbe	r, Street, City	r employer, if applicable	6. Business telephone number & extension									
EM.		7. In case of emergency, other close relatives (spouse, mother, father) may also be notified. If such notification is NOT desirable because of health or other reasons, please identify the persons not to be notified and the reason.											
SE	CTION XXVI			CERTIFIC	CATION								
		YOU ARE	INFORME		OF ANY STATEMENT MADE IN E INVESTIGATED	THIS APPLICATION							
ATION	that any misstatemen	it or omissic	n as to ma	terial fact will constitute g		ne best of my knowledge and belief. I agree ion or for immediate dismissal if employed. action 1001).							
CERTIFICATION	1. Date of signatures				2. Signature of applicant								
S	3. Signed at (City and State	•)			4. Signature of witness to identify app	Dicant							

Use the following space for extra details. at the end of the material. If additional space	Reference each continued item by the section and item number to which it relates and sign your name is required beyond page 16, use extra pages the same size as this page and sign each such page.
Approved For De	None 2002/04/09 - CIA PDD70 006224000 \$\$\$\$\$\$\$\$\$
Approved For Re	Space for extra details continued on page 16

Space for extra Approved For	details (Continued) - Reference Release 2002/01/08:	each continued item by section CIA-RDP79-00632A	o and item number 000100070010-2	
- 4-1-1-1-3-1 OI				

or print uily—use black ink	PERSONAL H	HOIOKI JOH	(For office use only)
Rice use only)				
1. Full name (Last—First—Middle)		2. Date of birth	3. Place of birth	
4. Other names used (Including maide	n name) (Last – First – Middle)	5. Citizenship (If natur	alized, Indicate date & plac	e of naturalization & certificate no.)
6. Name of spouse (Last—First—Midd	lle — Maiden)	7. Date of birth	8. Place of birth (spouse)
9. Date & place of marriage		10. Citizenship of spour	e (If naturalized, indicate o	late & place of naturalization &
11. Former spouse(s)—full name(s)		12. If divorced, date &	place of divorce	
13. Complete following for high school	Lands commercial & specialized sch	ools (Exclude military training); o	olleges & universities:	
Dates attended (From — To —) 14. Complete following for last three	Name & address of school		Degree received	Major subject
Dates employed (From — To —)	Name & address of employer		Employer's complete busi	
			- 1-1	
15. Record last three places of reside	Complete address (Number, Street	vo years—begin with most recent	or current address:	
Dates resided (From — To —)			s, grade or rate	19, Dates of service (From - To -)
(1) 16. Military service organization specify)	A (Army, Navy, etc.—	umber (16. Kan)	r, grade or idie	
20. Military service organization (2) specify)	n (Army, Navy, etc. — 21. Serial nu	umber 22. Rani	k, grade or rate	23. Dates of service (From — To —)
24. Father's full name (Last — First —	Middle)	25. Date of birth	26. Place of b	
27. Father's current address (Number	er, Street, City, State)	28. Father's citizens	hip (If naturalized, date &	place of naturalization & certificate No
29. Mother's full name (Last — First –	–Middle – Maiden)	30. Date of birth	31. Place of b	irth (Mother)
				place of naturalization & certificate N

PERSONAL HISTORY STATEMENT - (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

Abraham Lincoln Brigade Abraham Lincoln School, Chicago, Illinois Action Committee to Free Spain Now Alabama People's Educational Association (see Communist Political Association) American Association for Reconstruction in Yugoslavia, Inc. American Branch of the Federation of Greek Maritime Unions American Christian Nationalist Party American Committee for European Workers' Relief (see Socialist Workers Party) American Committee for Protection of Foreign Born American Committee for Spanish Freedom American Committee for the Settlement of Jews in Birobidjan, Inc. American Committee for Yugoslav Relief, Inc. American Committee to Survey Labor Conditions in Europe American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity American Council on Soviet Relations American Croatian Congress American Jewish Labor Council American League Against War and Fascism American League for Peace and Democracy American National Labor Party American National Socialist League American National Socialist Party American Nationalist Party American Patriots, Inc. American Peace Crusade American Peace Mobilization American Poles for Peace American Polish Labor Council American Polish League American Rescue Ship Mission (a project of the United American Spanish Aid Committee) American-Russian Fraternal Society American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet American Russian Institute, Philadelphia American Russian Institute of San Francisco American Russian Institute of Southern California, Los Angeles American Slav Congress American Women for Peace American Youth Congress American Youth for Democracy Armenian Progressive League of America Associated Klans of America Association of Georgia Klans Association of German Nationals (Reichsdeutsche Vereinigung)

Ausland-Organization der NSDAP, Overseas Branch of Nazi Party

Boston School for Marxist Studies, Boston, Massachusetts Bridges-Robertson-Schmidt Defense Committee Bulgarian American People's League of the United States of America California Emergency Defense Committee California Labor School, Inc., 321 Divisadero Street, San Francisco, California Carpatho-Russian People's Society Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women Central Japanese Association (Beikoku Chuo Nipponjin Kai) Central Japanese Association of Southern California Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront) Cervantes Fraternal Society China Welfare Appeal, Inc. Chopin Cultural Center Citizens Committee for Harry Bridges Citizens Committee of the Upper West Side (New York City) Citizens Committee to Free Earl Browder Citizens Emergency Defense Conference Oitizens Protective League Civil Liberties Sponsoring Committee of Pittsburgh Civil Rights Congress and its affiliated organizations, including: Civil Rights Congress for Texas Veterans Against Discrimination of Civil Rights Congress of New York Civil Rights Congress for Texas (see Civil Rights Congress) Columbians Comite Coordinador Pro Republica Espanola Comite Pro Derechos Civiles (See Puerto Rican Comite Pro Libertades Civiles) Committee for a Democratic Far Eastern Policy Committee for Constitutional and Political Freedom Committee for Nationalist Action Committee for Peace and Brotherhood Festival in Philadelphia Committee for the Defense of the Pittsburgh Six Committee for the Negro in the Arts Committee for the Protection of the Bill of Rights Committee for World Youth Friendship and Cultural Exchange Committee to Abolish Discrimination in Maryland (See Congress Against Discrimination; Maryland Congress Against Discrimination; Provisional Committee to Abolish Discrimination in the State of Maryland) Committee to Aid the Fighting South Committee to Defend Marie Richardson Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners Committee to Uphold the Bill of Rights Commonwealth College, Mena, Arkansas

Communist Party, U. S. A., its subdivisions, subsidiaries, and

affiliates

Benjamin Davis Freedom Committee

Baltimore Forum

Black Dragon Society

Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:

Alabama People's Educational Association

Florida Press and Educational League Oklahoma League for Political Education

People's Educational and Press Association of Texas

Virginia League for People's Education

Congress Against Discrimination

(See Committee to Abolish Discrimination in Maryland)

Congress of American Revolutionary Writers

Congress of American Women

Congress of the Unemployed

Connecticut Committee to Aid Victims of the Smith Act

Connecticut State Youth Conference

Council for Jobs, Relief and Housing

Council for Pan-American Democracy

Council of Greek Americans

Council on African Affairs

Croatian Benevolent Fraternity

Dai Nippon Butoku Kal (Military Virtue Society of Japan or Military Art Society of Japan)

Daily Worker Press Club

Daniels Defense Committee

Dante Alighieri Society (between 1935 and 1940)

Dennis Defense Committee

Detroit Youth Assembly

East Bay Peace Committee

Elsinore Progressive League

Emergency Conference to Save Spanish Refugees (founding body of the North American Spanish Ald Committee)

Everybody's Committee to Outlaw War

Families of the Baltimore Smith Act Victims

Families of the Smith Act Victims

Federation of Italian War Veterans in the U. S. A., Inc. (Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America)

Finnish-American Mutual Aid Society

Florida Press and Educational League (see Communist Political Association)

Frederick Douglass Educational Center

Freedom Stage, Inc.

Friends of the New Germany (Freunde des Neuen Deutschlands)

Friends of the Soviet Union

Garibaldi American Fraternal Society

George Washington Carver School, New York City

German-American Bund (Amerikadeutscher Volksbund)

German-American Republican League

German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)

Guardian Club

Harlem Trade Union Council

Hawaii Civil Liberties Committee

Heimusha Kai, also known as Nokubei Heieki Gimusha Kai, Zaibel Nihonjin, Heiyaku Gimusha Kai, and Zaibei Heimusha Kai (Japanese Residing in America Military Conscripts Association)

Hellenic-American Brotherhood

Hinode Kai (Imperial Japanese Reservists)

Hinomaru Kai (Rising Sun Flag Society—a group of Japanese War Veterans)

Hokubei Zaigo Shoke Dan (North American Reserve Officers Association)

Hollywood Writers Mobilization for Defense

Hungarian-American Council for Democracy

Hungarian Brotherhood

Idaho Pension Union

Independent Party (Seattle, Washington)

(See Independent People's Party)

Independent People's Party

(See Independent Party)

Industrial Workers of the World

International Labor Defense

International Workers Order, its subdivisions, subsidiaries and affiliates

Japanese Association of America

Japanese Overseas Central Society (Kaigai Dobo Chuo Kai)

Japanese Overseas Convention, Tokyo, Japan, 1940

Japanese Protective Association (Recruiting Organization)

Jefferson School of Social Science, New York City Jewish Culture Society

Jewish People's Committee

Jewish People's Fraternal Order

Jikyoku Iinkai (The Committee for the Crisis)

Johnson-Forest Group

(See Johnsonites)

Johnsonites

(See Johnson-Forest Group)

Joint Anti-Fascist Refugee Committee

Joint Council of Progressive Italian-Americans, Inc.

Joseph Wedemeyer School of Social Science, St. Louis, Missouri

Kibei Seinen Kai (Association of U. S. Citizens of Japanese Ancestry who have returned to America after studying in Japan) Knights of the White Camellia

Ku Klux Klan

Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund), Kyffhaeuser Fellowship (Kyffhaeuser Kameradschaft) Kyffhaeuser War Relief (Kyffhaeuser Kriegshilfswerk)

Labor Council for Negro Rights

Labor Research Association, Inc.

Labor Youth League

League for Common Sense League of American Writers

Lictor Society (Italian Black Shirts)

Macedonian-American People's League

Mario Morgantini Circle

Maritime Labor Committee to Defend Al Lannon

Maryland Congress Against Discrimination

(See Committee to Abolish Discrimination in Maryland)
Massachusetts Committee for the Bill of Rights

Massachusetts Minute Women for Peace (not connected with the

Minute Women of the U.S. A., Inc.)

Maurice Braverman Defense Committee

Michigan Civil Rights Federation

Michigan Council for Peace Michigan School of Social Science

Nanka Teikoku Gunyudan (Imperial Military Friends Group or Southern California War Veterans)

National Association of Mexican Americans (also known as Asociacion Nacional Mexico-Americana)

National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942)

National Committee for Freedom of the Press National Committee for the Defense of Political Prisoners

National Committee to Win Amnesty for Smith Act Victims

National Committee to Win the Desce

National Committee to Win the Peace

National Conference on American Policy in China and the Far East (a Conference called by the Committee for a Democratic Far Eastern Policy)

National Council of Americans of Croatian Descent

National Council of American-Soviet Friendship

National Federation for Constitutional Liberties

National Labor Conference for Peace

National Negro Congress National Negro Labor Council

Nationalist Action League

Nationalist Party of Puerto Rico
Nature Friends of America (since 1935)
Negro Labor Victory Committee
New Committee for Publications
Nichibei Kogyo Kaisha (The Great Fujii Theatre)
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
North Philadelphia Forum
Northwest Japanese Association

Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Oklahoma League for Political Education (see Communist Political Association)
Original Southern Klans, Incorporated

Pacific Northwest Labor School, Seattle, Washington Palo Alto Peace Club Partido del Pueblo of Panama (operating in the Canal Zone) Peace Information Center Peace Movement of Ethiopia

Peace Movement of Ethiopi People's Drama, Inc.

People's Educational and Press Association of Texas (see Communist Political Association)

People's Educational Association (incorporated under name Los Angeles Educational Association, Inc.), also known as People's Educational Center, People's University, People's School

People's Institute of Applied Religion Peoples Programs (Seattle, Washington) People's Radio Foundation, Inc. People's Rights Party Philadelphia Labor Committee for Negro

Philadelphia Labor Committee for Negro Rights Philadelphia School of Social Science and Art Photo League (New York City)

Pittsburgh Arts Club

Political Prisoners' Welfare Committee

Polonia Society of the IWO

Progressive German-Americans, also known as Progressive German-Americans of Chicago

Proletarian Party of America

Protestant War Veterans of the United States, Inc.

Provisional Committee of Citizens for Peace, Southwest Area

Provisional Committee on Latin American Affairs

Provisional Committee to Abolish Discrimination in the State of Maryland

(See Committee to Abolish Discrimination in Maryland)
Puerto Rican Comite Pro Libertades Civiles (CLC)
(See Comite Pro Derechos Civiles)

Puertorriquenos Unidos (Puerto Ricans United)

Quad City Committee for Peace Queensbridge Tenants League

Revolutionary Workers League Romanian-American Fraternal Society Russian American Society, Inc.

Sakura Kai (Patriotic Society, or Cherry Association — composed of veterans of Russo-Japanese War)
Samuel Adams School, Boston, Massachusetts

Santa Barbara Peace Forum Schappes Defense Committee Schneiderman-Darcy Defense Committee School of Jewish Studies, New York City Seattle Labor School, Seattle, Washington Serbian-American Fraternal Society Serbian Vidovdan Council Shinto Temples (limited to State Shinto abolished in 1945) Silver Shirt Legion of America Slavic Council of Southern California Slovak Workers Society Slovenian-American National Council Socialist Workers Party, including American Committee for European Workers' Relief Sokoku Kai (Fatherland Society) Southern Negro Youth Congress Suiko Sha (Reserve Officers Association, Los Angeles) Syracuse Women for Peace

Tom Paine School of Social Science, Philadelphia, Pennsylvania
Tom Paine School of Westchester, New York
Trade Union Committee for Peace
(See Trade Unionists for Peace)
Trade Unionists for Peace
(See Trade Unionists for Peace)

(See Trade Unionists for Peace) Tri-State Negro Trade Union Council

Ukrainian-American Fraternal Union

Union of American Croatians
Union of New York Veterans
United American Spanish Aid Committee
United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish
Landsmanschaften and Fraternal Organizations
United Committee of South Slavic Americans
United Defense Council of Southern California
United Harlem Tenants and Consumers Organization
United May Day Committee
United Negro and Allied Veterans of America

Veterans Against Discrimination of Civil Rights Congress of New York (see Civil Rights Congress)
Veterans of the Abraham Lincoln Brigade
Virginia League for People's Education (see Communist Political Association)
Voice of Freedom Committee

Walt Whitman School of Social Science, Newark, New Jersey Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commowalth Federation
Washington Commowealth Federation
Washington Pension Union
Wisconsin Conference on Social Legislation
Workers Alliance (since April 1936)

Yiddisher Kultur Farband Young Communist League Yugoslav-American Cooperative Home, Inc. Yugoslav Seamen's Club, Inc.

CERTIFICATION

I certify that I have read the names of the above listed organizations.

To the best of my knowledge and belief, I am not, nor have I been a member of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any organization listed above, or any organization outside the United States espousing Communist, Fascist, Totalitarian or Nazi causes, except as noted below.

To the best of my knowledge and belief, none of my close relatives are, nor have ever been members of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any such organizations, except as noted below.

INSTRUCTIONS

For the purpose of this certification, if an applicant or employee is completing this form, the term "close relative" will include spouse, children, parents, brothers, sisters, uncles, and aunts. "Close relatives" of the spouse, for this purpose, will include children, parents, brothers, sisters, uncles, and aunts.

If there are exceptions to this certification, set forth below under Remarks all pertinent information concerning the nature and extent of your activities or those of your close relatives in such organizations, including the names of the organizations, dates of membership, meetings attended, titles of positions held, amounts and dates of contributions, nature of petitions signed falling within the meaning of the above certification and circumstances thereof, titles and authors of literature received, and dates on which received.

In exceptions concerning relatives, include only such information presently known to you or available from your own records.

If necessary, use additional sheets and sign each sheet. Write none if there are no exceptions.

REMARKS: To be completed by Spouse	REMARKS: To be completed by Applicant or Employee
1	
Date	Date
Signature of Spouse	Signature of Applicant or Employee
Address — City and State	Address — City and State
Witness	Witness
Address — City and State	Address — City and State

*** SEX** 4. *********************************			proved For Re MEDICAL	RECORD	(To be	complet	ed by	app	Icai	nt j		
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Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2		Арі	proved For Re	elease 20	U2/U1/08 :	CIA-RD	P/9-00					

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